



Class Informational Form

For Office Use Only
Term:
Day:
Time:

Course Title: _____

Course Description: _____

Does this course have a limit: ___ No ___ Yes # _____
 Does this course have a materials fee: ___ No ___ Yes \$ _____
 Is this course in-person, online or hybrid?

Week	Weekly Title	Presenter	Mailing Address	Best Phone #	e-mail	AV Needs
1						
2						
3						
4						
5						
6						
7						
8						

Curriculum Committee Coordinator: _____