

COURSE/WORKSHOP PROPOSAL

Category:	Academic Course	One-time workshop
	Vocational Course	Multi-session workshop

Course Name:

Dates/Day and Times:

Number of weeks:

Number of Students:	min #	max #
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Location:

(please indicate if you need assistance securing an appropriate location)

Course Description:

(this will be used to help us advertise your workshop or class)

Materials & Supplies:

(please indicate if the student/participant will need to bring or if it is provided)

Course Fee to Students:

Total Course Cost:

Instructor Name:

Address:

Telephone:

Email:

Additional Information:

Return to:

Winthrop Adult & Community Education
39A Highland Avenue, Winthrop ME 04364

Or email to
adulted@winthropschools.org