

York County Senior College Course Proposal

Instructor(s) _____

Address _____

Telephone _____ Email _____

Instructor's background (brief): _____

Course title: _____

Course Description: _____

Equipment needed: _____

Text/materials: (Books, CD's, DVD's) ISBN/ASIN # _____ (Limit \$25 per student)

Title: _____

Minimum class size: _____ Maximum class size: _____

Note: Physical limitation of the facility may dictate class size.

Location:

Saco: Day: _____ (Tues. Wed. Thurs. only)

Morning 9:30-11:30 _____ Afternoon 1:00-3:00 _____

Springvale: Friday only Morning 9:30-11:30 _____ Afternoon 12:30-2:30 _____

Our courses are traditionally eight sessions for two hours but exceptions can be made to suit the instructor and/or course. Please indicate your preference if an exception:

All YCSC instructors are entitled to one free course!

Please return the completed form to:

York County Senior College, 4 Scamman St. Suite #18, Saco, ME 04072

Email address: info@yorkcountyseniorcollege.org