



980 Fremont Street ♦ Monterey CA 93940
831.646.4058

Class Proposal and Application

Date of Proposal: _____

From: _____

Name

Address

City, State, ZIP

Day Phone

Evening Phone

Email Address

Website

Are you currently employed by MPC? YES NO

- 1) Proposed Class Title:
- 2) Brief description of the class for marketing purposes (4-6 sentences):
- 3) Brief biography of instructor as it relates to the proposed class (1-2 sentences):
- 4) Who are the likely participants in this class?

- 5) What are the major goals of this class?
- 6) What will participants carry away from the class in the way of knowledge or projects?
- 7) May prospective participants contact you with questions regarding your class? YES NO
- If yes, how should they contact you?
 - Email: _____
 - Day Phone: _____ Evening Phone: _____
- 8) How many class meetings do you envision, and how long would each meeting be? Please attach an outline for this class, identifying the topics and describing what will happen at each class (including exercises, AV presentations, guest speakers, etc.)
- 9) Will hand-outs be distributed in the class? YES NO
- If yes, please attach sample(s).
- 10) What are your class size limits? Minimum _____ Maximum _____
- 11) Are you currently presenting this class anywhere else? YES NO
- If so, where? _____
 - Average class size? _____
- 12) Do you require a special type of classroom or equipment? YES NO
- Tables Audio Equipment LCD Projector Access to Internet
 Computer for instructor presentation Computer Lab
 Art Studio Equipment (specify): _____
 Fitness Equipment (specify): _____
 Other (specify): _____
- 13) Proposed class fee: _____
- Note: Instructor is paid 35% of class fees collected unless otherwise agreed and approved by MPC.*
- Does this fee cover all supplies and materials participants will need? YES NO
- If not, please specify what else is required:

Please take a moment to look at our website and current program at: www.mpc.edu/continuing

Monterey Peninsula College
Application to Present a Continuing Education Class
 (Complete one application for each proposed instructor)

Name *Social Security Number*

Address

City, State ZIP

Day Phone *Evening Phone*

Do you have a different business name and Tax ID Number? YES NO

If yes, please provide: _____

Education:

Subject Area:	Institution	Degree(s)/Certification(s)	Year

Other qualifications directly related to subject matter (experience, licenses, honors, etc.):

Prior experience teaching the proposed class (include format, duration, number of times, sponsorship):

Other teaching experience (not related to the proposed class):

References:

Name	Relationship	Phone

I authorize MPC to contact these references regarding my application. YES NO

Signature *Date*