



Anne Arundel Community College

School of Continuing and Professional Studies Noncredit Course Proposal

Proposed Course Title: _____

I. **What type of audience is the course designed for?** _____

II. **Course Description:** Describe in three or four sentences the essence of your course, include skills and/or knowledge to be taught and course purpose or emphasis. This paragraph may be used to publicize the course; please be specific.

III. **Benefits to Students:** List below at least six applications of the skills or knowledge students will gain. Finish the sentence, "Upon completion of this course, the student will be able to..." Use measurable action verbs such as apply, create, demonstrate, define, describe, explain, develop, recognize, evaluate, implement or solve to complete the sentence.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

IV. **Course Length:**

Number of hours for each class session? _____

Number of sessions per week? _____

Total number of sessions? _____

V. **Course Topics:** For each class session planned, list the major topics to be discussed. If you have more than 8 sessions, attach another sheet and continue numbering the sessions in sequence.

1.

2.

3.

4.

5.

6.

7.

8.

VI. **Class Size:**

Indicate the maximum number of students to be accepted in class. _____

VII. **Prerequisites:** Do students need any previous experience or knowledge for this course? If so, please explain.

VIII. **Method of Instruction:** (check all that apply)

Lecture Discussion Demonstration Lab (hands-on practice)

On-line Interactive television

Other (explain:)

IX. **Special Requirements:** (Equipment, type of room, audiovisual materials, transportation for field trips, etc)

X. **Required Supplies/Textbooks** Take student costs into consideration.

Approximate Cost? _____

XI. Preferred Course Location:

_____ Arnold Campus _____

_____ Glen Burnie Town Center _____

_____ Arundel Mills _____

_____ Other – please check current schedule of classes for up-to-date locations and list below _____

XII. Preferred Scheduling Times: (check all that apply)

Day _____ Evening _____

Spring _____ Summer _____ Fall _____

Days of the Week

M _____ T _____ W _____ Th _____ F _____ S _____ Su _____

Name: _____

Telephone: (Day) _____

(Evening) _____

E-mail: _____