

**School of Continuing Education and Workforce  
Development  
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.

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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 eight 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:**

\_\_\_\_\_ Main Campus - Anne Arundel Community College

\_\_\_\_\_ Glen Burnie Town Center

\_\_\_\_\_ 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 \_\_\_\_\_

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**Name:** \_\_\_\_\_

**Telephone:** (day) \_\_\_\_\_

(evening) \_\_\_\_\_

**E-mail:** \_\_\_\_\_