Continuing Education & Community Service Class Information Form

Complete Application and send to: kcantrell@mscok.edu

Name: ____________________________________________

Address: ___________________________________________Tel#: __________

Course Title: _______________________________________

Course
Content: ____________________________________________

Who would teach? ___________________________Tel#: __________

Length of course: 1hr. ___ 2hr. ___ 3hr. ___ 1/2 day ___ Full day ___ Multiple days ___

Best day(s) of the week: Mon___Tues___Wed___Thurs___Fri___Sat___

Best hour(s) of the day: _____________________________

Best Time of Year: Spring Semester ___Summer Semester ___ Fall Semester ___

Is a lab needed? No___Yes_______What kind of lab? ______________________

Supplies needed for learner: __________________________

Supply cost per learner: ____________________________

Enrollment Cap: ____________________________

Pay/Fee Amount you want to receive for this class/program? __________________________

♥ New Continuing Education classes are scheduled every eight weeks and published five times a year. (example) 1st 8 wks: Jan. – Mar., 2nd 8 wks: Mar. – May, 3rd 8 wks: June-July, 4th 8 wks: Aug. – Sept., 5th 8 wks: Oct. – Nov.