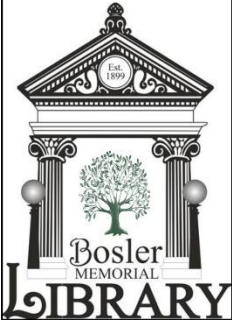


Carlisle Institute For
Lifelong Learning
At any age, at any stage,
Learn, Explore, Discover.



CARLISLE INSTITUTE FOR LIFELONG LEARNING

COURSE PROPOSAL Form

PLEASE TYPE OR PRINT ALL INFORMATION

NAME: _____

ADDRESS: _____ ZIP: _____

E-MAIL ADDRESS: _____

PHONE: _____ CELL PHONE: _____

COURSE TITLE: _____

I. Please give a brief description of proposed course.

II. Please give an overview of your qualifications.

III. How many times does the class meet? 1 2 3 4 5 6

IV. Do you have a preference on the size of the class (if left blank the standard class size of 25 will be used)?

V. Please put a "1" in your preferred timeslot and a "2" and "3" into other timeslots you are available.

	Sundays	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays
Morning							
Afternoon							
Evening							

VI. Circle below the primary communication used (Please be advised that copies/handouts need to be received at least 24 hours in advance of a scheduled course).

Lecture	Discussion	Power Point	Readings	Other
Videos	Handouts	Fieldtrip		

VII. Equipment Needs (If using A/V equipment please call Nicholas Macri to schedule a time to meet with a Library Staff member to go over meeting room technology. The Library has a projector and screen built into each meeting room).

Projector	Computer Laptop	Speakers	Other
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VIII. Explain room setup needs:

SEND TO:
Nicholas Macri
Community Relations Coordinator
BOSLER MEMORIAL LIBRARY
158 W High St
Carlisle, PA 17013
(717) 243-4642 x3224
nmacri@ccpa.net