



CONTINUING EDUCATION COURSE CONCEPT FORM

Return completed form to the Continuing Education Office
Workforce Development Center Suite 2400
1500 W. Raab Road • Normal, IL 61761

Date _____ Instructor _____
Address _____ City/State/Zip _____
Phone (Work) _____ (Home) _____ Email _____
Proposed Course Title _____

Describe the topics/skills that will be covered in your course.

Upon completion of the course, what will someone know, understand, or be able to do?

In just 40-60 words, how would you describe your course to entice someone to enroll?

Describe where/how might we connect with people/groups who would have an interest in this topic and how you can help us reach potential students through your personal/professional networks.

If you are comfortable doing so, please share your social media handles so that we can better engage with you digitally, including the ability to tag you as the instructor or share posts that reference your classes.

Facebook: _____ Instagram: _____
LinkedIn: _____ Twitter: _____

Total hours of instruction _____ # Class sessions _____ # Hours per session _____

Days and times able to teach _____

Maximum # students per class _____

Textbook (title, ISBN, price) _____

Audio-visual needs _____

Other expenses for instructor or students _____