



HEARTLAND
COMMUNITY COLLEGE

CONTINUING EDUCATION COURSE CONCEPT

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) _____ E-mail _____

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.

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 _____