



Academy for
Lifelong Learning
COURSE PROPOSAL FORM

COURSE TITLE: _____

DAY OF WEEK: (Note: If possible, please schedule your class on a Tuesday, Wednesday or Thursday) _____

DATES: _____

TIMES: _____

| | | | | | |
|-----------------------|--|-----------------------------|--|----------------------------|--|
| Contact Hours: | | Class Size: Minimum: | | Class Size Maximum: | |
|-----------------------|--|-----------------------------|--|----------------------------|--|

COURSE DESCRIPTION (Please be short and concise and use 50 words or less; space in our semester schedules is limited):

MATERIALS/EQUIPMENT: _____

INSTRUCTOR: _____

ORGANIZATION: _____

Address: _____

Phone: _____ **Cell:** _____

E-mail: _____ **Website:** _____

Emergency Contact Name: _____ **Relationship:** _____ **Phone #:** _____

Are you willing to have a representative from our LSC-TV Channel 42 film your presentation? You will receive a copy of the DVD. Your presentation will be shown to Suddenlink Cable subscribers in Kingwood. ___ yes ___ no

Note: Each instructor is required to have a background check processed by our College prior to the first date of class.

ACADEMY FOR LIFELONG LEARNING FALL 2015 SEMESTER DATES ARE SEPTEMBER 1-NOVEMBER 20
Our College System is closed September 7

Mail, email or fax completed forms to:

Kathy Bakat
KC-ALLSchedule@lonestar.edu
21575 Highway 59N, New Caney, TX 77357
Phone: 281-312-1750 FAX 281-354-7700

FOR COLLEGE USE ONLY: Date Confirmed: _____

Volunteer Initials: _____