

**INSTRUCTOR’S COURSE PROPOSAL FORM**

To be offered through the Schmid/Highland Center for Learning and Spiritual Growth

**Instructor’s Name:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**e-mail** \_\_\_\_\_

**Course Title:** \_\_\_\_\_

Winter  Spring  Summer  Fall      Year \_\_\_\_\_

Course Description (as you want it to appear in the class schedule): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of sessions: (Nov. 2011 / Max of 4 sessions) \_\_\_\_\_

Length of each session: (1 hour, 1½ hours, etc.) \_\_\_\_\_

Preferred maximum number of students in class: \_\_\_\_\_ Minimum number\*: \_\_\_\_\_

Preferred days \_\_\_\_\_

Mornings only \_\_\_\_\_ Afternoons only \_\_\_\_\_ Evenings only \_\_\_\_\_

The Schmid/Highland Center for Learning and Spiritual Growth provides an honorarium of \$50 per class-hour of instruction, with a maximum of 8 hours per term. Will this be satisfactory? \_\_\_\_\_

Our goal is to have at least 5 class proposals for November 2011, and March/April 2012.

Biographical Info (as you want it to appear in the class schedule)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\* For a class to “make” it must have 8 students enrolled by the 1st day of scheduled classes**

**Please also complete reverse side**

The Schmid/Highland Center for Learning and Spiritual Growth can reimburse certain out-of-pocket expenses. Classroom and office supplies, photocopying of handouts and transparencies (except color transparencies) can be reimbursable expenses (Up to \$50 per course). (Please note that no copyrighted materials may be copied or reimbursed). Books and other teaching aids purchased by the Schmid/Highland Center remain the Center property.

Please use the spaces below to indicate any anticipated needs you may have for your course, including cost, if applicable.

Item	Anticipated Cost
_____	_____
_____	_____
_____	_____

If students will be expected to pay for special classroom materials, these costs should be listed in the course description in the class schedule. Please indicate any such expenses you anticipate.

Item	Anticipated Cost
_____	_____
_____	_____

Comments:

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PLEASE NOTE: the Schmid/Highland Center for Learning and Spiritual Growth policy prohibits advertising or sale of your products or services through your classes.

If you have questions, please call 502.451.8305

Return this completed Course Proposal Form  
by Friday, August 19<sup>th</sup> to:

**Bardstown Road Presbyterian Church**  
**1722 Bardstown Road**  
**Louisville, KY 40205**

(or FAX to 502.451.8428)