



- 4) What are the major goals of this class?
  
- 5) What will students carry away from the class in the way of knowledge or projects?
  
- 6) **Please attach an outline for this class identifying the topics, describing what will happen at each class (including exercises, a/v presentations, guest speakers, etc.).**
  
- 7) **Please attach a sample of any handouts used in the class.**
  
- 8) Who are the likely participants in this class?
  
- 9) How many class meetings do you envision, and how long would each meeting be?
  
- 10) Are you currently presenting this class anywhere else?  
  
Where?  
  
Average class size?
  
- 11) How many people can you work with as a maximum?

12) Do you need any audio/visual equipment? Yes No

What?

13) Will the class use a text or do you need class materials printed? Yes No

a) What is the cost of the text?

b) If making copies, how many pages per student?

14) Do you need consumable supplies or materials? Yes No

What?

What is the approximate cost per student?

**You will be asked to prepare a letter explaining to students what supplies or tools they may need to buy or bring to class. This letter will be duplicated by our office and mailed out upon registration.**

**Cabrillo College**  
**Application to Present a Community Education Class**  
(Complete one application for each proposed instructor)

\_\_\_\_\_  
Name Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Day Phone Evening Phone

Do you have a different business name and Tax ID Number?  Yes  No  
If yes, please provide

**Education:**

Subject area	Institution	Degree(s)/Certificate(s)	Year
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other qualifications directly related to subject matter (experience, licenses, honors, etc.)

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

Prior experience teaching the proposed class (include format, duration, number of times and sponsorship)

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

Other teaching experience (not related to the proposed class)

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

**References:**

Name	Relationship	Phone
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Name	Relationship	Phone
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I authorize you to contact these references regarding my application  Yes  No

\_\_\_\_\_  
Signature Date