



Merced College Community Services
Instructor Proposal Form

Date: _____ Instructor's Name: _____

Instructor Social Security Number: _____

Address: _____

City / State / Zip: _____

Phone: Day / _____ Evening / _____

E-mail: _____

Instructor Biography/Qualifications

Proposed Course Title: _____

Course Description Type or print clearly your description as you would like it to appear in the catalog. Include goals, topics, possible projects and class format. Write in "you" terms. Lumens reserves the right to edit.

Proposed Schedule: Sun Mon Tue Wed Thur Fri Sat
Date/s: _____ Hours: from _____ to _____ am pm

Materials Fee (per person) \$ _____

Max class size _____ Min class size _____

Return form to Marnee Chua, Community Services Director
Address: 3600 M Street, Merced, CA 95348
Email: chua.m@mccd.edu