

**Personal and Professional Enrichment Classes
Instructor Proposal**

Sauk Valley Community College
Community Education Department

Complete one proposal form for each class

Name: _____ Sauk ID: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail Address: _____

Title of Course:

Course Description:

PLEASE ATTACH A COURSE OUTLINE

