



IF YOU WOULD LIKE TO TEACH A COURSE, PLEASE COMPLETE THIS FORM.

To see a brochure listing from last semester, go to the Senior College website: myseniorcollege.com.

INSTRUCTOR NAME: _____

ADDRESS _____ CITY _____ STATE _____

PHONE _____ E-MAIL _____

COURSE TITLE: _____

GENERAL FIELD OF INTEREST (e.g., Science, Music) BRIEF BACKGROUND OF INSTRUCTOR (all or part of this may be used in the brochure):

COURSE DESCRIPTION (all or part of this may be used in the brochure):

SPECIFIC TOPICS TO BE COVERED in the number of classes proposed (classes are generally two hour sessions once a week but that is flexible):

PREFERRED CLASS SIZE (must be 15 or more):

- checkbox 15 checkbox 16-20 checkbox 21-25 checkbox 26-30 checkbox 31 or more checkbox No preference

PREFERRED SESSION (specify year):

- checkbox Sept.-Nov. checkbox March-July

PREFERRED NUMBERED OF WEEKS (considering a two hour class once a week):

- checkbox 3 weeks or less checkbox 4 weeks checkbox 5 weeks checkbox 6 weeks checkbox 7 weeks checkbox 8 weeks

Different class hours and weeks may be negotiated with the Senior College.

PREFERRED CLASS TIME Please indicate preferred time. Put N/A where you are not available.

Table with 2 columns of time slots: Monday A.M. (9:00-12 Noon), Tuesday A.M. (9:00-12 Noon), Wednesday A.M. (9:00-Noon), Thursday A.M. (9:00-Noon), Friday A.M. (9:00 -Noon) and Monday P.M. (12:30 - 4:00), Tuesday P.M. (12:30-4:00), Wednesday P.M.(12:30-4:00), Thursday P.M. (12:30-4:00), Friday P.M. (12:30-2:00)

TEXTBOOK (if any): _____ Cost of Book: _____

COPYING

ESTIMATED NUMBER OF PAGES TO BE COPIED FOR EACH CLASS:

OR TOTAL NUMBER FOR THE COURSE

PLEASE INDICATE ANY EQUIPMENT YOU MAY NEED (e.g. A/V equipment, podium)

MAIL FORM TO: Margi Florence
3519 Adams Avenue
Des Moines, Iowa 50310

OR E-MAIL COMPLETED FORM TO margiflo@aol.com

Thank you for your interest!