

## PIERCE COLLEGE COMMUNITY EDUCATION

6201 Winnetka Avenue, Woodland Hills, CA 91371

(818) 719-6425

FAX (818) 703-1525

## Dear Applicant:

Thank you for your interest in teaching for the Pierce College Extension Community Education program. Extension classes are offered on a not-for-credit basis in addition to Pierce College's instructional program and cannot be academic equivalents of regular credit classes.

I would also like to make you aware of the fact that the California Education Code **STRICTLY** prohibits business solicitation in the classroom. Instructors are asked not to distribute business cards or solicit business during class, and no items may be sold during class or in classroom facilities unless approved prior to the class by the Extension Director. We encourage you to enhance your career and business by teaching, but the integrity of the teacher-student relationship must always be maintained. If you feel that you cannot comply with these regulations, please do not submit a proposal.

Upon receipt, proposals for classes relating to a particular discipline are submitted to the appropriate department chairperson for review before being considered by the Extension program. You will be contacted following that process.

Please complete the Instructor Application and Course Proposal, and either fax **or** mail to the above address for consideration. You may include additional pages if necessary.

Again, thank you for your interest. I look forward to your proposal.

Cordially,

Cindy K. Chang, Director

(see Instructor Application and Course Proposal below)

## **INSTRUCTOR APPLICATION**

Date:	Social Security #:					
Name:	(Eirot) (MI)					
Home Address: (Last)	(First) (MI) Phone:					
Business Address:	Phone:					
Subject(s) you are qualified to teach:						
Professional/Business experience (please give	specific dates):					
Educational Background (please give specific d	ates):					

PIERCE COLLEGE EXTENSION OFFICE OF COMMUNITY SERVICES 6201 Winnetka Avenue – Woodland Hills, CA 91371 (818) 719-6425 Fax: (818) 703-1525

## **COURSE PROPOSAL**

Name:	Today's Date:
Course Title:	
DURATION OF CLASS  Number of Weeks: Hours per Meeting:  Weekdays/Weekends: Max. Students:	Time of Day:  Min. Student Age:
Course Description (Interesting and concise for the "Calendar	r of Classes")
Course Objective (What will the student learn/be able to do at	the end of the course?)
Instructor Information (Specifically, why are you qualified to te	each <u>this</u> course:
If you will pood to oborgo a motorial foo bow much will it bo?	
If you will need to charge a material fee, how much will it be?  What will the material fee cover? (please itemize materials ar	nd costs):
Special Needs (audio-visual, water, tables, etc.)	
Course Title:	

Course Content (session by session breakdown of curriculum):							
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