



Adult Learning Course Proposal

Please send your proposal for long-term, short-term one-day, or one-hour courses using this form as a guideline.

Course Name: _____

Course Description: _____

Schedule: Please list your preferences

Day(s) of the week: _____ Dates: _____

Start time: _____ End time: _____

Total hours: _____

Materials/Equipment needed: _____

Prerequisites: _____

Suggested by: _____ Phone: _____

Email: _____

Send to: [Jack Townsley](mailto:jack.townsley@lisd.us) (jack.townsley@lisd.us)

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