



### NON-CREDIT PROPOSAL INFORMATION

Please fill out this form and return with a current resume to:

South Georgia College  
Department of Continuing Education  
Attn: Amy Hancock  
100 West College Park Drive  
Douglas, GA 31533-5098  
(912) 260-4272 Fax: 912 (260-4448)

Information may also be submitted via email to: [amy.hancock@sgc.edu](mailto:amy.hancock@sgc.edu)

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Proposed Course Title: \_\_\_\_\_

Course Description – *80 words or less (may attach if necessary)*: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Target Audience: \_\_\_\_\_

Total number of hours or number of sessions you would recommend to cover the skills or topic: \_\_\_\_\_

Recommended day(s) of the week: \_\_\_\_\_

Recommended time of class: (morning, afternoon, night, all day, specific times, etc) \_\_\_\_\_

Materials that would be required for the class: \_\_\_\_\_

Approximate cost of materials if to be purchased by Department or if a supply fee will need to be set: \_\_\_\_\_

Recommended maximum number of students: \_\_\_\_\_

Indicate any special room facilities needed: (subject to availability) \_\_\_\_\_

Indicate any A/V equipment needed: (subject to availability) \_\_\_\_\_

Objectives: List skills, abilities, and/or knowledge students will gain by taking this course. What will they learn to do? \_\_\_\_\_

Expertise: List skills, education, and experience you have which would prepare you to teach this class. \_\_\_\_\_

Proposals will be reviewed and potential instructors will be contacted. South Georgia College Continuing Education Department has the right to refuse proposals at their discretion.