Thank you for your interest in teaching through the Continuing Education Department at Tacoma Community College. We strive to meet the interests of our community by offering a wide variety of quality and innovative classes.

Please complete the enclosed form and mail to:

Tacoma Community College
Continuing Education
Attn: Susan Cristao
6501 South 19th Street, Bldg. 6
Tacoma, WA  98466

or email your information to scristao@tacomacc.edu

Your materials will be reviewed to determine if your course proposal(s) will be a good match for our program. You will be notified regarding the status of your proposal and at that time an interview may be scheduled. You will be asked about your class; your teaching experience; and your teaching methods/style.

Classes and workshops offered through Continuing Education are typically non-credit, short term classes with an emphasis on participative learning.

We look forward to receiving information on your classes.

Sincerely,

Susan Cristao,
Program Coordinator
253.566.5018
scristao@tacomacc.edu
Continuing Education Course Proposal

**Personal Information:**

Name_____________________________________ Email________________________________________

Address___________________________________________________________

City____________________________State________Zip Code____________________

Day Phone_________________________Eve Phone________________________________________

**Course Information:**

Course Title:___________________________________

Course Description: (30 words)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Suggested Class Day:_________Start/End Dates:_______________#Sessions_________

Number of People Min:_________Max:_______Preferred Location________________________

Equipment request:________________________________________________________

Textbook, include ISBN#, Title, Author, Edition, etc. ______________________________
________________________________________________________________________

Costs (excluding your salary) i.e. duplicating___________________________________

Marketing Suggestions:_______________________________________________________

________________________________________________________

Mail this proposal to:
Tacoma Community College
Continuing Education
6501 South 19th Street, Bldg 6
Tacoma, WA 98466
253.566.5020
LL-OFFICE USE ONLY

Date Received/Reviewed:___________________________________________________

Reviewed by:________________________________________________________________

Proposal Status:________________________________________________________________

____________________________________________________________________________

Instructor Salary:$________________________     Class Fee:$_____________________

Material Costs:________________________________________________________________

Duplication/Special purchases:__________________________________________________