

Request for Class Proposals

- Fall (September-December)(2 sessions)
- Winter (January-March)/Spring (March-May)

Instructor's Name: _____
Address: _____
City, State, Zip: _____
Phones: Home _____ Work _____ Cell _____
Email Address: _____

Preferred Day: Monday Tuesday Wednesday Thursday Friday Saturday

Preferred Hours: Day (10-4) After School (4-6) Evening (after 6)
Other Day/Time: _____
Class Start Date: _____ End Date _____
Age group: Child Teen Adult Parent/Child Seniors

Class Title: _____ Class Time: _____
Class Minimum: _____ Class Maximum: _____ **Hourly Rate: \$ _____
Materials: Included
Supplied by Instructor Fee: \$ _____
Supplied by Student (Please attach materials list with class request)
Instructor Supplies/Equipment needed (you may wish to attach a supply list): _____

Other Requests or Needs: _____
Class Description: _____

Identify a target market (who will take this course and what is the best way to reach them):

* Two-dimensional classes run for six weeks; three-dimensional classes run for eight weeks. One day or two day workshops can also be proposed.
** Tuition for the class will be determined by multiplying the hourly rate by the minimum number of students.
The artist instructor will retain a set percentage of the class registration. (30% SMCC/70% Instructor)

