

**RSU 54 / MSAD 54 Adult & Community Education
Instructor & Course Information**



Deadline: *Fall Session > June 1st* *Spring Session > Nov. 1st*

Instructor Information

Name: _____

Mailing Address: _____

Phone (home) _____ Phone (work) _____ Phone (cell) _____

E-Mail: _____ Will you be on the Adult Education payroll? YES NO

Please write two or three sentences about why you are qualified to teach this class. Attach a resume with references.

Course Information

Course Title: _____

Class day: M T W TH Second choice: M T W TH

Number of Weeks: _____ Start Date: _____ End Date: _____ Total Hours: _____

Time: (Between 3:30 and 9 p.m.) Start time: _____ End Time: _____

Course Description: Two or three sentences. _____

Prerequisites: _____

Min. Enrollment: _____ Max. Enrollment: _____

Textbook Title: _____ ISBN _____

Supplies/Materials: _____

Technology/AV: _____

Special Instructions: _____

Office Use Only:

Location: _____ Room: _____

Course #: _____ Credit: Y N Type: _____ Category: _____

Res. Fee: _____ Non Res. Fee: _____ Mat: _____ Lab: _____ Book: _____

**Submit proposals to: RSU 54 Adult and Community Education, 61 Academy Circle, Skowhegan, ME 04976 or
EMAIL: adulthood@msad54.org**