The Community School of the Arts

Class Outline

General Information

Instructor's Name _____ Phone _____
Name of Class to be taught _____
Number of Students (Min) _____ (Max)____ Age Limits (Min)_____ (Max) _____
Number of Class Hours Each Week _____ Number of Weeks (Max 10) _____
Type of Classroom Needed _____

Materials

Please list any materials that students will need for this class including textbooks _____
_____
_____
_____
_____
_____

Teaching Materials

Please list any materials or equipment that you will need to teach the class _____
_____
_____
_____

Class Description

Please give a brief description of the class including learning outcomes, expectations on students and prerequisites _____
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Office use only CORF-00104
Date Rec. _____ Follp Date _____ Fee Assgn _____
Apprv _____ Date _____ Start Date _____ Clssr Assgn _____ Tchr Asst _____
Comments _____
_____
_____