



## HUNTERDON COUNTY VOCATIONAL SCHOOL DISTRICT

Adult & Continuing Education  
8 Bartles Corner Road, Suite 201  
Flemington, NJ 08822  
[www.hcvsdadulted.org](http://www.hcvsdadulted.org)

### Course Proposal Form

*Thank you for your interest in teaching for the Adult & Continuing Education. We offer 2 sessions per year (fall & spring). The selection for yearly classes is done in May for fall & spring semesters. Our current class listings and online registration can be found on our web site [www.hcvsdadulted.org](http://www.hcvsdadulted.org) Please complete the following form and return it along with your resume to Gina Edwards [gedwards@hcvsd.org](mailto:gedwards@hcvsd.org) or Christina Shockley [cshockley@hcvsd.org](mailto:cshockley@hcvsd.org) or call 788-1119 ext. 2009.*

Name: _____	Date: _____	
Address: _____		
City: _____	State: _____	Zip: _____
Home Phone: _____	Cell Phone: _____	
Email: _____		

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

Course Objective: \_\_\_\_\_

Course Description: (Write short paragraph describing the course which could be used in the published course catalog.)

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**Course Prerequisites:** (Are there any prerequisites for the class: basic computer skills, knowledge of certain facts?)

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**Materials/Handouts/Supplies:** (What supplies will the students be expected to purchase? (If textbook: provide name, ISBN#, author and edition.)

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**Number hours each session:** \_\_\_\_\_ **Course total hours:** \_\_\_\_\_  
(Example: 2 hours) (Example: 8 hours)

**Number of classes per week:** \_\_\_\_\_ **Total number of class sessions:** \_\_\_\_\_  
(Example: 1 class per week) (Example: 8 sessions)

**Preferred evenings to teach:** 1<sup>st</sup> choice: \_\_\_\_\_ 2<sup>nd</sup> choice: \_\_\_\_\_  
(Bartles Campus available Monday & Thursday, Central Campus Monday through Thursday)

**Course times you would prefer:** \_\_\_\_\_ **Maximum number students in class:** \_\_\_\_\_  
Campuses are open 6 pm – 9 pm (Example: 8 total hours, Mondays, 4 sessions, 2 hours each, 6:00 – 8:00 p.m.)

**Start/End date:** Indicate what semester or both you would like to teach:

Fall Semester: September – December Start: \_\_\_\_\_ End: \_\_\_\_\_

Spring Semester: January – May Start: \_\_\_\_\_ End: \_\_\_\_\_

**Facilities and Equipment:** (Class will be scheduled in a regular academic classroom with a dry erase board and overhead projector, unless you request otherwise.) Dell Laptops have Microsoft Office 2007 & 2010 (Word, Excel, PowerPoint and Publisher) and a MAC computer lab. Please list any additional equipment/software if needed: \_\_\_\_\_

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**Instructor Needs:** (Instructional materials/books, etc.) \_\_\_\_\_

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**Instructor Bio** (What special experience or education qualifies you to teach this course and please attach resume)

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**EQUAL OPPORTUNITY/AFFIRMATIVE ACTION STATEMENT**

It is the policy of the Hunterdon County Vocational School District not to discriminate on the basis of race, color, creed, religion, sex, ancestry, national origin, social or economic status, or disability in its educational programs or activities and employment policies as is required by Title IX of the Educational Amendments of 1972 and N.J.A.C. 6:4-1.1 et seq.