



MJC Community Education

New Class Proposal

Mail to: MJC Community Education
435 College Avenue
Modesto, CA 95350

Fax to: (209) 575-6025

PROPOSED CLASS Class Name : _____

Deadline for Class Proposals:

Spring – September 1, Summer - January 15, Fall - April 15

Spring Summer Fall

Name: _____

Phone: _____

Address: _____

Mobile: _____

City, State, Zip: _____

Email: _____

NEW CLASS INFORMATION *Please fill out this section and return by due date.*

- Write or attach your class description on the back of this form.
- Please attach any class title or description changes: No Changes See attached
- Preferred Calendar Start Dates: or Waitlist Class Date:
- Preferred Days of week (circle): SU M T W TH F SA Number of Sessions:
- Preferred Class Times: or Duration of Each Class Session (ex: 2 hrs)
- Min. Age: Max. Age: Material Fee: \$ Supply List: Yes No
- Preferred Minimum # of Students: Maximum # of Students: *Please note: Community Ed. reserves the right to run classes that are below the preferred minimum number of students. Call us for additional details.*
- Media Equipment or Special Classroom needs:
- Will your class require a textbook (circle): YES or NO ISBN:
- Will your class require a duplicating order(circle): YES or NO Approx. Number of Pages Per Student

Additional Comments:

OFFICE USE ONLY

Category: _____ Subcategory: _____

Min: _____ Max: _____ Inst. Conf: _____

Start Date: _____ End Date: _____ Weeks: _____ Days: _____

Time: _____ - _____ Skip Dates: _____ Mat Fee: _____

FACILITY REQUESTED Building: _____ Room: _____

FACILITY ASSIGNED Building: _____ Room: _____

MEDIA Media: _____ Date Req: _____ Conf. Date: _____

INFO Requires Form: Yes No Release Form Name: _____

Rate Type: _____ Rate: _____ Bio Name: _____ Bio Sent or Attached : Yes No

Add. Cost: _____ TC: _____ Tuition Fee:\$ _____ CGN:«Go Number» Go Number: _____

Entered _____ Edits, Changes, IN and Date _____

