



University of Wisconsin- Barron County
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Continuing Education Course Proposal

Instructor Name: _____ Email: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Other phone _____

COURSE INFORMATION

Suggested Course Title: _____ Class Capacity (*up to*): _____
 Total Class Hours: _____ Preferred Day(s) (*circle*): M-T-W-TH-F-S Times of Day: _____ Dates: _____
 Type of Classroom: _____ Special room set-up? Yes ___ No ___

Identify any materials & list all fees such as books or supplies for instructional or class participants' use:

Course Objectives and Outline

Identify 1-3 objective(s) and content to be covered in each of your session(s): (*attach additional pages as needed*)

Course Description

To be used in the Continuing Education catalog, if accepted. Format that works well is 1-2 sentences explaining the importance of this course and a narrative overview of the content and/or activities included.

Ideal Audience(s) for this course: _____

Course Marketing Suggestions: _____

Attach Instructor Bio or Resume and Return Completed Proposal to address above, or e-mail in PDF format.

Thanks for your interest in UW-Barron Continuing Education