



**Adult Enrichment Course Proposal**  
**Bloomington Community Education**  
 2575 West 88th Street, Bloomington, MN 55431  
 Office 952.681.6108 FAX 952.681.6101  
 Contact: Michelle Glynn - [mglynn@isd271.org](mailto:mglynn@isd271.org)

**Proposal Due**  
 April 23, 2020

**Class Dates**  
 Fall 2020 – Sept. 14 - Dec. 20, 2020

No class dates – Oct. 14, 15, 16, Nov. 25, 26, 27, 28, 29

**Instructor Information:**

Name		Home Phone:
Address		Cell Phone:
City/State/Zip		Work Phone:
Email		

**Course Information:**

Course Title:
Course Description (Circle one – Use same description Revised description New class New title/same description) (50 words or less)

**Course Needs: If students need to purchase or bring their own supplies, please list items on separate sheet**

Audio/Visual equipment list	Supplies
Special room request	Supply fee to instructor: \$ _____

Please enter the fee you want to be paid: \_\_\_\_\_ per hour or \_\_\_\_\_ per enrollment or \_\_\_\_\_ percentage

**Please complete the following for each class section you plan to offer:**

	Section #1		Section #2		Section #3	
Min # of Students		(Office Use Only) Dates		(Office Use Only) Dates		(Office Use Only) Dates
Max # of Students						
Start Date						
End Date						
Days of the Week						
No Class Dates						
Time						
# of Class Sessions						
Total Hours						
Preferred Building						
<b>Below for Office Use Only</b>						
Class Fee						
Room						
Permit #						
Course #						
Salary						



