



Adult Enrichment Course Proposal
Bloomington Community Education
 2575 West 88th St., Suite 200, Bloomington, MN 55431
 Office: 952-681-6108 Fax: 952-681-6101
 Contact: Michelle Glynn, mglynn@isd271.org

Proposal Due:
 April 26, 2024

Class Dates:
 September 9 -
 December 20, 2024

No Class Dates:
 10/16, 17, 18, 11/5, 27,
 28, 29

Instructor Information

Name		Cell phone	
Address		Home	
City/State/Zip		Work	
Email		Contact	

Course Information:

Course Title:
Course Description: (Circle one – Use same description Revised description New class New title/ same description) (25 words or less)
Class will be: Onsite only Online only Can be either depending upon circumstances (Circle one)

Course Needs: (If students need to purchase or bring their own supplies, please list the supplies on a separate sheet)

Audio/Video equipment needed:	Supplies needed:
Special room request/needed:	Supply fee paid to instructor by the student: \$ _____

Enter your fee: _____ (per hour) or _____ (per enrollment) or _____ (percentage)

Complete the following for each class section you plan to offer.

	Section #1	Section #2	Section #3	Section #4
# of Class Sessions				
Start Date				
End Date				
Days of the Week				
No-Class Dates				
Time				
Min # of Students				
Max # of Students				
Below for Office Use				
Course #				
Class Fee				
Building				
Room				

