

MINI COURSE PROPOSAL FORM

Your name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone number home: \_\_\_\_\_ cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Have you been fingerprinted within the past 3 years with NYSED? YES NO  
If not, you will need to be fingerprinted prior to entry into the classroom. We will make those arrangements with you.

Are you currently employed in a school district? YES NO  
If yes, where: \_\_\_\_\_

YOUR PROPOSED COURSE TITLE: \_\_\_\_\_

Grade Level Audience: 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> (circle all that apply)

Preferred Day, if any : Mondays Tuesdays Thursdays

Course Size : \_\_\_\_\_ (generally will be at least 8-10 students). Maximum # of students: \_\_\_\_\_

Projected Supplies and Cost:  
\_\_\_\_\_  
\_\_\_\_\_

**COURSE SUMMARY** - Please write a 2 paragraph description for your course. Include a list of the hands-on activities of your course, the student objective of the course (What do you want the student to learn?) and why you want to teach a mini-course. You may use the reverse to do this or include it as an attachment.

**COURSE DESCRIPTION** - 2 or 3 sentences that describe your course. We will use this to advertise your course! 😊

Special Equipment or Room Needs? \_\_\_\_\_

You must also include:  
A resume , 2 letters of reference , and  
2 names of verbal references (different than written ones).

**ALL APPLICATIONS WILL BE REVIEWED BY ADMINISTRATION. SELECTED COURSE PROPOSALS WILL BE CONTACTED WHEN/IF THEY ARE APPROVED.**