

CE Course Proposal Form (Please Print Clearly)

Continuing Education and Workforce Development at Bergen Community College serves the intellectual and social needs of our community. Courses are taught by CE members, BCC professors, and experts from the larger community who share their passions and knowledge with our students. To submit your course proposal, please print and complete this form and submit to continuinged@bergen.edu or if you any questions, please contact us at 201) 447-7488.

Course Title _____			Target Market _____
			(Please ✓ one)
Number of Sessions _____	Hours per Class _____	Total Hours _____	Teaching Preference: <input type="checkbox"/> In-Person <input type="checkbox"/> Online <input type="checkbox"/> Hybrid
Time of Year: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer		Time Slot: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	
Preferred Days(s): <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat			
Location: <input type="checkbox"/> Main Campus (Paramus) <input type="checkbox"/> Meadowlands (Lyndhurst) <input type="checkbox"/> Ciarco (Hackensack) <input type="checkbox"/> Community site			
Instructor Needs: <input type="checkbox"/> A/V Equipment <input type="checkbox"/> Internet Access <input type="checkbox"/> Instructional Materials <input type="checkbox"/> Other _____			
Room Requirements: _____			
Student Responsibilities: _____			
Other Requirements: _____			

Course Concept/Description (Briefly describe below or attach separately):

Instructor contact Information:

Last Name _____		First Name _____	Middle Initial _____
Address _____		<input type="checkbox"/> Home Phone <input type="checkbox"/> Cell <input type="checkbox"/> Work (Please ✓ one)	
City _____	State _____	Zip Code _____	E-mail Address (Required) _____

Instructor Bio or Resume: Describe on the back or attach separately

Submission Date: _____