## SCSD CONTINUING EDUCATION NEW COURSE DEVELOPMENT / PROPOSAL

COURSE NAME:	
INSTRUCTOR:	
FALL: WINTER: SPRING:	
DATES:	
CLASS LENGTH: (hours/days) TARGET AUDIENCE:	
MINIMUM TOTAL CLASS ENROLLMENT: MAXIMUM TOTAL CLASS ENROLLMENT : _	
FEES:	
LOCATION/ SPACE NEEDS:	
BRIEF COURSE DESCRIPTION:	
OTHER NOTES / MISCELLANEOUS:	