

From the desk of Shirley Drewenski—Director of Continuing Education

Thank you for taking an interest in South Suburban College. The goal of the Office of Continuing Education is to offer new experiences and challenges for all students. Our courses are designed to meet your personal aims, whether to enhance opportunities for career progression, achieve lifestyle change or experience the sheer pleasure of learning alongside others who share your enthusiasm. We are constantly seeking new certification courses, entry-level training classes and enrichment classes to add to our schedule. We welcome your involvement in this process, whether it is by suggestion of a new class or by offering to share a talent or passion with your neighbors. We appreciate your participation in every aspect of our program. If you do not find the course you are looking for, be sure and let us know. We may find others in the community have your same interests and we may be able to develop a course for you.

If you are interested in having your program considered, please complete the program proposal form and fax it to (708) 210-5749 with a current resume and references, or you may drop your proposal off at 15800 South State Street, South Holland, Room 2465. Please be aware that we prepare our schedules several months in advance to accommodate printing requirements.

Please be specific in completing your proposals (length of course, length of each class meeting, day of week, time and description). Incomplete forms will not be considered for the upcoming schedule. If you need additional copies, please reproduce the form.

In proposing classes, please keep in mind that we will be offering classes for all ages. Classes are held at various sites within the college's district. If you have any questions, please contact the Continuing Education Department at (708) 596-2000, ext. 2231.

Please visit or call our office at any time to sign up for a class or inquire about new classes being scheduled.

We look forward to welcoming you as a participant in our program in the near future.

Department of Continuing & Professional Education NON-CREDIT PROGRAM PROPOSAL

Please type or print clearly Date _____

Proposed Title or Subject _____

Your Name _____

Address _____ City _____ State _____ ZIP _____

Home Phone () _____ Work Phone () _____ Fax () _____

E-mail _____

Please indicate the times you are available to teach in the table below.

Note: If you have preferences, please indicate by number (with 1 = Highest).

	MON	TUE	WED	THU	FRI	SAT
AM						
PM						
EVE						

Length of Course/Program _____ Length of each class session _____

Audience for program _____

Objective(s) _____

Methodology (Preferred class size, physical arrangements, etc.) _____

Equipment needed / Special Needs (overhead or computer projector, video equipment, boards, etc.) _____

Please submit a detailed outline or syllabus of this program, along with your resume and references.

Thank you for your interest. Please return this form to the address at the top of the page.