



Mt. San Antonio College
Continuing Education Division
1100 N Grand Ave
Walnut, CA 91789
909-274-4220
Fax 909-274-2937

Community Education Fee-Based Course Proposal

Course Information

Office Use Only: Account No.: _____

Term: _____

Course/Class No.: _____ / _____

Course Title: _____

New?: Y or N If new, attach a course description, an explanation of its marketability and a brief biography.

Part of a Series?: Y or N If Series, Name: _____

Start Date: _____ End Date: _____

No. of Weeks: _____ No. of Meetings: _____

List any dates class is not in session (Holidays/Other): _____

Schedule (Friday evenings and weekends are best for room availability.):

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---------------------------------|----------|----------|----------|-----------|----------|----------|----------|
| Start Time (Circle AM or PM) | AM PM | AM PM | AM PM | AM PM | AM PM | AM PM | AM PM |
| End Time (Circle AM or PM) | AM PM | AM PM | AM PM | AM PM | AM PM | AM PM | AM PM |

Preferred Location (Special classroom setup needed): _____

Tuition Fee + Service Fee \$2.00: Per Course: _____ Per Series: _____

Multiple Registration Discount Fee + Service Fee \$2.00 (If applicable): _____

Material Fee (Collected in class): _____ **List materials provided:** _____

If applicable: Minimum Age: _____ Maximum Age: _____

Minimum Enrollment: _____ **Maximum Enrollment:** _____

Payment Information

Instructor Name: _____

Payable to (if different): _____

Are you related to any employee of the College? ☐ Yes ☐ No

If yes, name & relationship: _____

Are you currently an employee of the College? ☐ Yes ☐ No If yes, please provide your Banner ID _____

Payment: **40% of each registration** _____

Street Address: _____

City, State Zip: _____

Home Telephone: _____

Business Telephone: (_ _) _ _ - _ _ _ _ Cell Phone: (_ _) _ _ - _ _ _ _ Make Public? Y or N _____

Email Address: _____ Make Public? Y or N _____