



ADULT EVENING SCHOOL

CLASS PROPOSAL FORM

We appreciate your interest in teaching for the Adult Evening School at Mercer County Technical Schools. Our programs are taught during two (2) semesters, one in the Fall and one in the Spring. Please complete the form and return it with your resume to our office. If you have any questions, please feel free to call Gary Mattia at 609-586-5146.

Name: _____ **Date:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Proposed Class Title: _____

Class Description: _____

Total # of Classes: _____ **Weekly # of Classes:** _____

Preferred Class Night(s): Mon Tues Wed Thurs

Preferred Semester: Fall (Sept-Dec) Spring (Jan-May) Both

Preferred Class Times: _____ **Max. # of students:** _____

Are there any prerequisites for students to take this course: Yes No

Class Requirements (Books, materials, etc.): _____

Equipment/Software Requests: _____

Please summarize your experience as it relates to the proposed subject:

