

**Minneapolis Community Education
Class Description Information**

Instructor's Name: _____ Date: _____

Address: _____

Street _____ City _____ Zip _____

Phone: Work (____) _____ Home (____) _____

May we call you at work? ___ Yes ___ No

Email: _____

Class Subject: _____

Day of Week: _____ (Mon-Thurs p.m. or Sat a.m.)

Number of Sessions: _____ Time/Hours _____

(e.g. 6-9 p.m. 5:30-7:30 p.m.)

Materials/supplies Fee _____ (one time or per class)

EXPERIENCE

Tell us a little about yourself and your knowledge of this subject. Include previous teaching experience, if you have it, and any training you may have taken.

Why do you want to teach through Community Education?

CLASS DESCRIPTION

Suggested Title – interesting and to the point!

Highlight the benefit of the class for the student

Briefly describe what the student will learn

List of items to bring/wear or acquire at the only/first session

Additional information

In which community education location would you like to teach? Please check all that apply

Anwatin	<input type="checkbox"/>	Roosevelt	<input type="checkbox"/>
Henry	<input type="checkbox"/>	Seward	<input type="checkbox"/>
Jefferson	<input type="checkbox"/>	South	<input type="checkbox"/>
Lake Harriet	<input type="checkbox"/>	Southwest	<input type="checkbox"/>
Northeast	<input type="checkbox"/>	Waite Park	<input type="checkbox"/>
Pratt	<input type="checkbox"/>	Washburn	<input type="checkbox"/>

Thank you! Your application materials will be forwarded to the locations you have selected. You may contact coordinators directly for more information on the status of your application. Please refer to our Contact Us page at www.mplscommunityed.com.