

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	o.m. or Sat a.m.)		
Number of Sessions:		Time/Hours _	(e.g. 6-9 p.m. 5:30-7:30 p.m.)		
			(e.g. 6-9 p.m. 5:30-7:30 p.m.)		
Materials/supplies Fee		(one time	or per class)		
	EXPE	RIENCE			
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	Pratt
Dowling	Roosevelt
Edison	South
Henry	Southwest
Jefferson	Waite Park
Lake Harriet	Washburn
Northeast	

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 <a href="https://www.mplscommunityed.com">www.mplscommunityed.com</a>.