



Adult Training & Development
One John C. Bruton Blvd.
Shawnee, OK 74804
405-273-7493 Fax: 405-273-6354

Date: _____

Course Title: _____

Instructor's Name: _____

Address: _____

City/State/Zip _____

Phone Day/_____ Eve/_____

Please circle the number that can be given to students.

Fax: _____

E-mail: _____

Social Security #: _____

Date of Birth _____

Course Description

Type or print clearly your description as you would like it to appear in the catalog. Include goals, topics, possible projects and class format. Write in "you" tense. AT&D reserves the right to edit.

Teacher Biography

Proposed Schedule Sun Mon Tues Wed Thur Fri Sat

Date: _____ Hours: from _____ to _____ am pm meet for: _____ weeks

Materials Fee (per person) _____ **Max. Class Size** _____ **Min. Class Size** _____