



**ROGUE COMMUNITY COLLEGE  
COMMUNITY EDUCATION**

**COURSE REQUEST**

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\_\_\_\_\_ JOSEPHINE COUNTY and/or \_\_\_\_\_ JACKSON COUNTY

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*Office use only*

COURSE NUMBER:

COURSE TITLE:

COURSE DESCRIPTION:

COURSE OBJECTIVES: (What increase in understanding, knowledge, skills, or insights do you hope for in those who attend?)

METHODS: (Are you the source of the information or will you expect members to bring information from their experience? Assigned readings? Outside speakers? Will you use videos, tapes, etc.?)

PLANNING: (Outline what you will cover each session. *Use the back if necessary.*)

QUALIFICATIONS: (What in your education, experience, or background has prepared you in this subject (i.e. making sales presentations, committee leadership, teaching, degrees earned, etc.?)