CLASS PROPOSAL FORM
Instructor Information: (Please attach current résumé or CV.)

Name: ________________________________________________________________

Job Title (or Former Title): ______________________________________________

Home Address: ________________________________________________________ Zip: __________

Home Phone: ___________________________________________________________

E-mail: ________________________________________________________________

I would like to teach: ☐ an eight-week course ☐ a six-week course ☐ a one-time lecture ☐ other

Proposed Class Title: __________________________________________________

Proposed Location: ☐ Riverside ☐ Rancho Mirage/Palm Desert
(Check all in which you are willing to teach.)

Proposed Quarter: ☐ Fall ☐ Winter ☐ Spring

Course or Lecture Description: __________________________________________

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Please use the reverse side of the page if you need more space.

Return to: UC Riverside
Osher Lifelong Learning Institute
1200 University Ave., Suite 333
Riverside, CA 92507

Call: (951) 827-7139 or
Fax: (951) 827-3043