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., Room 329
Riverside, CA 92507
Call: (951) 827-7139 or
Fax: (951) 827-3043