





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

Name :				
Home Address:				Zip:
Home Phone:				
E-mail:				
I would like to teach	: □ an eight-wee	k course 🛛 a six	-week course Da one-time lectu	ure 🗖 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 t	o: UC Riverside Osher Lifelong Learning Institute 1200 University Ave., Room 329 Riverside, CA 92507
Call:	(951) 827-7139 or
Fax:	(951) 827-3043