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: UCR Palm Desert
Osher Lifelong Learning Institute
75080 Frank Sinatra Drive
Palm Desert, CA 92211

Call: (760) 834-0800 or
Fax: (760) 834-0796