

Special Programs Proposal

Name of Program: _____

Organizer/Leader: _____

Contact Info (e-mail & Phone): _____

Term to be Offered: _____

Is this program expected to last for one semester? Y ____ N ____

Is this program expected to continue indefinitely? Y ____ N ____

Program Frequency: One time only ____ Once a month ____

Once a week ____ Other(please specify) _____

Length of Each Session: _____

Description:

Possible Location: _____

If other than a 5 Colleges site, is location handicap-accessible?

Y ____ N ____

Cost to participants: _____

Any program-specific factors (e.g. prior training needed?):

send proposal form to the Special Programs chair or to the office