

## Course Proposal Form

Health Education Non Credit (HENC)

Kapi'olani Community College (KCC)

*Please complete all sections of this course proposal and attach your resume. Information contained in your resume need not be duplicated on this form. Incomplete forms will be returned.*

*The content of this proposal is confidential and will be used only for the purposes of HENC staff review. Any proposal not accepted for a course offering will be returned.*

**Course Title:** \_\_\_\_\_

**Instructor's Name:** \_\_\_\_\_

**Course Description:**

Please describe your course. Be specific - list information to be covered and the benefits of taking the course. If your class is designed for a particular audience, please specify. Indicate prerequisites and any information or materials participants should bring. (APPROXIMATELY 50-60 WORDS MAXIMUM)

**Student Learner Objectives:**

Please list the specific knowledge and skills participants will have gained after completing this course. (Use additional paper as needed.) **“At the end of the course, each student will be able to .....**”

**Course Outline/Syllabus:**

Please provide an outline of the main subjects to be covered and the approximate amount of time to be spent on each subject. ***This should be created on a separate sheet(s) of paper.***

Proposed total hours of training: \_\_\_\_\_

Total number of meetings: \_\_\_\_\_

Proposed times of the day for the course: \_\_\_\_\_

Maximum # of students per class: \_\_\_\_\_ Minimum # of students per class: \_\_\_\_\_

Textbooks required: \_\_\_\_\_

Audio Visual Equipment required: \_\_\_\_\_

Other Equipment / Materials needed: \_\_\_\_\_

**Instructor's Biographical Sketch:** (Attach resume)

Instructor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Please write a brief description of your background especially as it applies to your ability to teach this course. This description may be used in our catalogs and other marketing materials. (35 WORDS MAXIMUM)

*I certify that the information provided in this proposal and the attached resume is true and complete.*

\_\_\_\_\_  
Instructor's Signature Date

**Send completed proposal to:**

Kapi'olani Community College, Health Education Non Credit  
(HENC)  
4303 Diamond Head Rd, Kaula 122  
Honolulu, HI 96816  
Fax: 808-734-9126 Tel: 808-734-9235  
Email: [nchealth@hawaii.edu](mailto:nchealth@hawaii.edu)

**For Office Use Only**

Received Date: \_\_\_\_\_

Review Date: \_\_\_\_\_

\_\_\_\_\_ Approved  
\_\_\_\_\_ Not Approved

Reviewed By: \_\_\_\_\_  
\_\_\_\_\_ Already being offered.  
\_\_\_\_\_ Not cost effective  
\_\_\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_\_