



777 Grandview Drive, Kalispell, MT 59901 www.fvcc.edu

**Continuing Education Center
Course Description Form**

Suggested Title: _____

Instructor: _____ Phone: (H) _____ (W) _____

Address: _____ Email: _____

I. Course description: (Suitable for catalog and schedule – approximately 3-4 sentences.)

II. Overall goal:

III. Learning objectives:

IV. Length/Format:

V. Instructor profile: (This information may be used in publicity and may be made available to students.)

Education:

Work experience:

Training and experience related to your course topic:

Additional training/experience/awards:

Learning Objectives	Activities	Materials/Equipment	Time Allowed
The student will: Class One:			
Class Two:			
Class Three:			

Learning Objectives The student will: Class Four:	Activities	Materials/Equipment	Time Allowed
Class Five:			
Class Six:			

Learning Objectives The student will: Class Seven:	Activities	Materials/Equipment	Time Allowed
Class Eight:			
Class Nine:			

