



PLEASE COMPLETE ONE FORM FOR EACH COURSE YOU PLAN TO OFFER.

100 Seymour Road
 Utica, NY 13502
 315-792-7192
 Email: lbronk@sunypoly.edu
www.sunyit.edu/mvilr

Facilitator Name(s):

Proposed Course Title:

Fall: Year 20__

Winter: Year 20__

Spring: Year 20__

Course Duration

FIRST 4 WEEKS

SECOND 4 WEEKS

ALL 8 WEEKS

OTHER _____

Course Duration

ALL 4 WEEKS

OTHER _____

Course Duration

FIRST 4 WEEKS

SECOND 4 WEEKS

ALL 8 WEEKS

OTHER _____

Email:

Phone #:

Time Needed For Class:

60 Minutes

70 Minutes

90 Minutes

2 Hours

Please Select Your

1st CHOICE

FOR CLASS

START TIME

ANY DAY/TIME

Monday

Any Time

9:20

10:40

12:40

2:00

Other Time _____

Tuesday

Any Time

9:20

10:40

12:40

2:00

Other Time _____

Wednesday

Any Time

9:20

10:40

12:40

2:00

Other Time _____

Thursday

Any Time

9:20

10:40

12:40

2:00

Other Time _____

Friday

Any Time

9:20

10:40

12:40

2:00

Other Time _____

Please Select Your

2nd CHOICE

FOR CLASS

START TIME

ANY DAY/TIME

Monday

Any Time

9:20

10:40

12:40

2:00

Other Time _____

Tuesday

Any Time

9:20

10:40

12:40

2:00

Other Time _____

Wednesday

Any Time

9:20

10:40

12:40

2:00

Other Time _____

Thursday

Any Time

9:20

10:40

12:40

2:00

Other Time _____

Friday

Any Time

9:20

10:40

12:40

2:00

Other Time _____

If applicable:

Minimum Enrollment:

Maximum Enrollment:

If applicable:

Materials / Course Costs:

Checks Payable to:

If available:

Preferred Location:

Preferred Room:

Technology Needed:

Computer Access

Elmo or Overhead

DVD

Other Technology and Classroom Aids Needed:

Tech Support Needed:

First Class Only

All Classes

Upon Request

Course Description: Please submit your course description (200 words maximum) as you would essentially like it to appear in the MVILR Course Catalog:

Facilitator Biography: Please submit your biography (150 words maximum) as you would essentially like it to appear in the MVILR Directory of Facilitators: