

## **EduCode Course Proposal**

Submittal Date:

Course Name:

Course Description:

Course Duration:     4 hours                       8 hours

### **Organization/Company Information**

Organization/Company Name:

Contact Person:

Phone:

Address:

Website Address:

### **Instructor Information**

Instructor Name:

Phone:

E-mail:

Instructor Qualifications/References:

Instructor Fees:

Note: An electronic copy of the proposed course presentation may be required to be submitted for review.

EduCode Chair Signature:

Approval Date: