

Friends for Learning Instructor & Course Information Sheet (CIS) Rev. 9

Date submitted: _____

Contents of this form will appear in the Course Catalog.

Please provide information that is clear, accurate, and concise. (If absolutely necessary, attach separate sheet.)

If possible submit this form electronically. (This form is editable.) **Adobe Reader XI, or later is required.**

Please download the form, fill in all blanks, Save as (TITLE CIS), and send to [<fflcurriculum@gmail.com>](mailto:fflcurriculum@gmail.com).

Please use the pdf version of this file from the FFL website.

Or, fill out by hand and mail. (* See address below.)

Course # _____ <i>Office use only</i>	Course Title: <i>(Limit to 40 Characters.)</i>	Student Fee: <i>(if any)</i>
Instructor: Email:		Phone:
Facilitator: Email:		Phone:
Instructor's preferred Date(s): Day of Week: <input type="checkbox"/> Mo <input type="checkbox"/> Tu <input type="checkbox"/> We <input type="checkbox"/> Th <input type="checkbox"/> Fr	Time: Number of sessions: Session length: <i>(1, 1.5 or 2 hours)</i>	Location: <i>(Address if not at ISU)</i>

Content and description of class. *(Please use 3-4 complete sentences)*

Field trip(s)?: Yes

Number of students allowed in class: Maximum: _____ **Minimum:** _____

Instructor's credentials *(pertaining to this class):*

Equipment and materials required for class
Microphone PC Handouts Overhead Projector (Elmo) Pointer Other:

Additional information/comments:

Office use only	Class Day of week: <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> Wed <input type="checkbox"/> Th <input type="checkbox"/> F	Date(s):	Time:	Location:
	Class date/day/time approved by instructor: <input type="checkbox"/> Yes			
	Comments:			
Scheduled with ISU: <input type="checkbox"/> Yes				
Comments:				

*Email completed form to [<fflcurriculum@gmail.com>](mailto:fflcurriculum@gmail.com).

Or mail to Phyllis Arrington, 210 N. Hansen, Shelly, ID 83274

Phone 208 403-9365

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