

Academic Division
Gospel Music Workshop of America, Inc.

COURSE/CLASS PROPOSAL FORM

Date Proposal Submitted: _____

Proposed Title (name) of Course/Class: _____

Proposed Instructor (s) for class. *Please provide complete mailing address, phone number and email address. Attach your resume and National Faculty Application to this proposal form if not already on file with the Academic Division.*

Name of Instructor:

Name of Instructor:

Telephone number: _____

Telephone number: _____

Email Address: _____

Email Address: _____

Use additional sheet of paper if needed for responses to to below items

Recommended Course Name: _____

Course Description: _____

Course Objective: _____

Course Outcome: The students will _____

Evaluation (written test or oral exam) Process: _____

Recommended text, supplementary materials or special materials required to effectively teach the course. If there is a recommended text, please give name of author, publisher and publisher's mailing address:

PLEASE MAIL THIS FORM TO:

Office of the Dean, Academic Division
Gospel Music Workshop of America, Inc.
200 Norwich I
West Palm Beach, FL 33417
charlesreese1024@bellsouth.net

DO NOT WRITE BELOW THIS LINE. *For committee use only.*

Accepted: () Yes () No Date accepted: _____ Date declined: _____

Reason for declining: _____

Recommended for use in year _____

Dean's Signature: _____

Chapter Rep Signature: _____

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