

Academic Division
Gospel Music Workshop of America, Inc.

Class Proposal Form

Date Proposal Submitted: _____

Proposed Title of Class: _____

Proposed Instructor(s) for class. Please provide complete mailing address and phone number. Attach your resume if not already on file with the Academic Division.

Instructor

Instructor

Telephone: _____

Telephone: _____

Use additional paper if needed for replies to below items.

Course Description: _____

Course Objectives: _____

Course Outcome. The students will: _____

Evaluation Process: _____

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

DO NOT WRITE BELOW. For committee use only.

Accepted: Yes No **Date accepted/declined:** _____

Reason for declining: _____

Recommended for use in Year _____ **Recommended Department Course Code:** _____

Send to: Office of The Dean, Academic Division
Gospel Music Workshop of America, Inc
1024C Green Pine Blvd.
West Palm Beach, FL 33409