

Friends for Learning, Inc.

Instructor & Course Information Sheet (CIS) Rev. 11

Date submitted: _____

- This is a fillable PDF. It can be completed on the computer.
- When finished, go to “File”, “Save as”, give the form a name (e.g. the title) and save.
- If possible, attach the CIS to an email and send to fflcurriculum@gmail.com
- Or make a copy of the form, complete it by hand and mail. (See address below.)
- Contents of this form will appear in the Course Catalog so be sure the information is clear, accurate and concise.

Course #	Course Title (limit 40 characters)	Instructor	Fee
When:		Location:	
Content:			
Credentials:			
Facilitator:	E-mail:	Phone:	

Instructor:	E-mail:	Phone:
Instructor’s preferred Date(s): Time: Day of Week: <input type="checkbox"/> Mo <input type="checkbox"/> Tu <input type="checkbox"/> Wed <input type="checkbox"/> Th <input type="checkbox"/> Fr	Number of sessions: Session length: (1, 1.5 or 2 hours)	Location: (Address if not at ISU)
Field trip(s)?: Yes	Number of students allowed in class: Maximum:	Minimum:
Equipment and materials required for class <input type="checkbox"/> Microphone <input type="checkbox"/> PC <input type="checkbox"/> Handouts <input type="checkbox"/> Overhead Projector <input type="checkbox"/> Pointer <input type="checkbox"/> Internet Other:		

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 as verified by facilitator: <input type="checkbox"/> Yes			
Comments:			
Scheduled with ISU: <input type="checkbox"/> Yes			
Comments:			