



**COPPER MOUNTAIN COLLEGE
COMMUNITY SERVICES
REQUEST FOR APPROVAL**

Course Title:		
Dates:	Times:	
Fee(s):		Other:
Instructor:	<input type="checkbox"/> Contractor	<input type="checkbox"/> Employee
Address:	Phone:	
	Email:	
Instructor Signature: _____		

Do you provide this class or service to other organizations? Yes No
 Do you have liability insurance? Yes No
 Will you be taking field trips? Yes No
 Grading Method: n/a Certificate Other: _____
 Requested by: Area Employer Community Group Contractor Other: _____
 Resources needed: Classroom Overhead projector TV/VCR Other _____
 Class Size Limit (if any): _____ Enrollment restrictions (if any): _____

Official Approval:

Dean of Instruction

Date

Chief Business Officer

Date

Vice President

Date

- Cc:
- Scheduling
 - Business Office
 - Office of Instruction
 - Board of Trustees
 - Human Resources

<p>Scheduling Technician:</p> <p>Semester ID# _____</p> <p>COMS # _____</p> <p>Official Enrollment _____</p>
