

ASUW Experimental College  
**New Course Proposal**  
*For Existing Instructors*

**All Applications must include:**

- A 75 word summary of the class you wish to teach
- A one page course outline
- Completed questions

**Please answer the following questions on a single-sided sheet of paper:**

1. How will this activity attract University of Washington students?
2. Why do you want to teach this class?
3. What skills and/or knowledge do you hope the students will gain from the activity?
4. What exercises will the students participate in?
5. What supplies and/or equipment will the student need to provide? What supplies will the student receive?
6. Please describe your background in this area and your teaching/training background.

**When filling out your application:**

- Be sure to make your outline as detailed as possible. The more detailed your outline, the more likely your class is to be accepted.
- Think of the 75 word summary as the course description as it would appear in the catalog. You will be able to modify your course description at a later date should your course be accepted.

**To submit his application:**

You can submit his application in a variety of ways, including:

- Mailing it in to our office at SAO 21, Box 352238, Seattle, WA 98195-2238
- Faxing it in to our office at (206) 616-1305. (Please send an email telling us the fax is coming.)
- Walking it into our office at Condon Hall room 223J (1100 NE Campus Pkwy, Seattle, WA 98105)

**After applying:**

- All course proposals are considered by a committee consisting of ExCo staff members and a Student Activities Adviser. Depending on the number of courses and the work situation in the office, it may take several weeks for the committee to make decisions on course proposals.
- Some instructors may need to provide proof of general or professional liability insurance. This typically applies to some martial arts or sports and recreation classes.

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ASUW Experimental College  
University of Washington  
Box 352238, SAO 21  
Seattle, WA 98195

Main Office Line: 206-543-4375  
Assistant Director: 206-685-7152  
Fax: 206-616-1305  
Email: [assistantdr@exco.org](mailto:assistantdr@exco.org)  
Website: [exco.org](http://exco.org)

ASUW Experimental College  
**New Course Proposal**

*For Existing Instructors*

Experimental College Information: (206) 543-4375, assistantdr@exco.org  
Postal Address: ASUW Experimental College, SAO 21 Box 352238, Seattle, WA 98195-2238

**Class Information**

**Proposed Class Title:** \_\_\_\_\_

**What quarter would you like to begin teaching with us?** \_\_\_\_\_

**Type of class proposed (*Please Check*):**

One Night Wonder       Adult Continuing Education Class       Either

**Length of One Class Session:** \_\_\_\_\_ **Number of Class Sessions:** \_\_\_\_\_ **Max Number of Participants:** \_\_\_\_\_

**Which Experimental College classes do you teach or have you taught in the past? (*Please provide dates for all non-current classes*)** \_\_\_\_\_  
\_\_\_\_\_

**General Information**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Other Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Statement of Understanding**

Instructors who teach with the Experimental College are not employees of the Experimental College, ASUW, or the University of Washington. Rather, they are voluntary participants in a student-run ASUW program providing a service to Experimental College students. Acceptance of instructor's new course proposals does not guarantee course enrollment. Course processing fees paid by instructors are not refundable. If, in the view of Experimental College staff or University of Washington risk managers, a class demonstrates risk to students, instructors are required to present acceptable proof of insurance to the Experimental College. Any application that is submitted late, incomplete, or does not comply with our word or page limits will not be considered.

I have read, understand, and accept the above mentioned statements regarding the ASUW Experimental College.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_