MARIST COLLEGE CENTER FOR LIFETIME STUDY
COURSE DATA FORM

Semester & Year: _____   (Examples: Fall 2023, Winter 2024, Spring 2024)

COURSE DATA

Course Title: _____

# of Class Sessions: _____   **# of Presenters:** _____

Day Course Offered: _____   **Couse Time**: _____
(Tuesday or Wednesday for in-person classes)   (9:15AM, 11:00AM, 1:15PM, 2:45PM)
(Thursday for Zoom/Virtual classes)

Class Size Maximum: _____ *(note only if applicable)*

Course Description *(limit to **100** words max.)***:**

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COURSE ORGANIZER INFORMATION

Course Organizer's Name: _____

Course Organizer's Email: _____   **Phone**:_____

Class Manager's Name: _____

Class Manager's Email: _____   **Phone** _____
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CLASSROOM SUPPORT & AUDIO/VISUAL NEEDS

Audio/Visual (A/V) Equipment Available:
- Microphone(s)
- DVD/CD/VHS Player
- Multi-Media Projector
- Document Camera
- Computer (Windows PC)
- Whiteboard (upon request)

Computer Support:
- Microsoft Office (PowerPoint, Word, Excel)
- PC compatible files may be played directly from a flash drive.
- Apple-Mac files (e.g., Keynote presentations) must be in a PC-compatible format to play on CLS computers. It is best not to try to use a Mac PC with the CLS set-up.

Important: Please contact the Chair of Classroom Support if this course will be using Apple-Mac software presentations or requires special A/V equipment. Email: clsavsupt@gmail.com.

Furniture: If special room set-up is required, this must be identified as soon as possible to enable effective room scheduling. Email classroom set-up needs to: clsavsupt@gmail.com.

PRESENTER INFORMATION

Provide the name of <u>each</u> presenter. If only one presenter, fill in Week 1 section only.
Complete all presenter fields before submitting this form to the VP for Curriculum.

Week 1 – Class Date: _____

Presenter Name: _____

Presenter's Topic: _____
(List session topic if different than course title):

Presenter's Email: _____ **Presenter's Phone:**_____

Presenter's Affiliation & Title: _____
(Example: CLS Member, Marist College - Adjust Instructor, IBM - retired, Author, Historian)

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Week 2 – Class Date: _____

Presenter Name: _____

Presenter's Topic: _____
(List session topic if different than course title):

Presenter's Email: _____ **Presenter's Phone:**_____

Presenter's Affiliation & Title: _____

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Week 3 – Class Date: _____

Presenter's Name: _____

Presenter Topic: _____
(List session topic if different than course title):

Presenter's Email: _____ **Presenter's Phone:**_____

Presenter's Affiliation & Title: _____

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Week 4 – Class Date: _____

Presenter Name: _____

Presenter's Topic: _____
(List session topic if different than course title):

Presenter's Email: _____ **Presenter's Phone:**_____

Presenter's Affiliation & Title: _____

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Week 5 – Class Date: _____

Presenter Name: _____

Presenter's Topic: _____
(List session topic if different than course title):

Presenter's Email: _____ **Presenter's Phone:**_____

Presenter's Affiliation & Title: _____

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Week 6 – Class Date: _____

Presenter Name: _____

Presenter's Topic: _____
(List session topic if different than course title):

Presenter's Email: _____ **Presenter's Phone:**_____

Presenter's Affiliation & Title: _____

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Week 7 – Class Date: _____

Presenter Name: _____

Presenter's Topic: _____
(List session topic if different than course title):

Presenter's Email: _____ **Presenter's Phone:**_____

Presenter's Affiliation & Title: _____

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Week 8 – Class Date: _____

Presenter Name: _____

Presenter's Topic: _____
(List session topic if different than course title):

Presenter's Email: _____ **Presenter's Phone:**_____

Presenter's Affiliation & Title: _____

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**EMAIL THIS COMPLETED COURSE DATA FORM TO THE VP FOR CURRICULUM.
DO NOT MAIL THIS FORM TO THE CLS OFFICE.**

**REQUESTS AND QUESTIONS ABOUT ROOM SET-UP SHOULD BE COMMUNICATED
TO THE CLASSROOM SUPPORT CHAIR BY EMAIL IMMEDIATELY.**