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 is 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.
New Course Proposal
For Existing Instructors

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: _______________________________