

**KIDS' UNIVERSITY**  
**COURSE PROPOSAL FORM**  
University of Arkansas at Monticello

**July 8-11, 2019**

**School Of Education**  
**Rebecca Newton**

160 University Place  
P.O. Box 3608  
Monticello, AR 71656  
Phone (870) 460-1596 | Fax (870) 460-1563

**Course Information**

Proposed Course Title: \_\_\_\_\_

Brief Class Description: (for advertising, printed schedule & promotion) \_\_\_\_\_

This class is for which grades? 1<sup>st</sup> – 3<sup>rd</sup> (9am – Noon, 50 minute classes)      4<sup>th</sup> – 6<sup>th</sup> (1pm – 5, 1 hour and 10 minute classes)

Please submit a separate proposal for each age group, since activities may be different.

Please list hands-on activities for each day:

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Additional activities planned for extra time: \_\_\_\_\_

Special needs (ex. Outside, access to water, etc.) \_\_\_\_\_

**Instructor Information**

Instructor Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Numbers (Day/Cell/Evening): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Are you currently an employee of another state agency? If yes, please specify. \_\_\_\_\_

Are you a former UAM employee? If so, please indicate the date you terminated employment. \_\_\_\_\_

**Return to Rebecca Newton, School of Education UAM PO BOX 3608 Monticello, AR 71656; [newtonr@uamont.edu](mailto:newtonr@uamont.edu); fax 870-460-1563**

**For Office Use Only: Date & Time Received** \_\_\_\_\_ **Initials** \_\_\_\_\_