MG Advanced Classes

MG Advanced Course Name: ________________________________

Presenter’s Name: ______________________________________

Location of Education: ___________________________________

Please check-mark one of the following for presenter background:

Bradford Farms: _____ Central MO Master Gardener: _____ LU/Prof _____ MU Ext. Spec: _____

Other (Please Specify): ____________________________________________________

MG Education Hrs: _________________ (minimum of 1 hour)

MG Hands-On Hrs: _________________ (minimum of 1 hour)

Equipment Needed/Use in Class: _______________ Extra Expenses Instructor: _______________

Describe class content:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Describe the hands-on experience the participants will receive or received:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Education Committee Approval: ______________ Approval Date: _______________________

Note: If a MG attends an advanced class somewhere else other than Jefferson City and request credit,
If a MG want to teach an advance class to our members,
If an Extension Center/MU Instructor teaches a advanced class, this form must be filled out.