**OLLI AT BERKSHIRE COMMUNITY COLLEGE**

**INSTRUCTOR FORM**

**(To Be Completed By Contact Person)**

**COURSE** **TITLE**

**SEMESTER** Winter, Year: Spring, Year: **Summer, Year:**  Fall, Year:

**INSTRUCTOR’S NAME AND TITLE:**

Address:

Phone: Email:

**OLLI CONTACT PERSON: COMMITTEE:**

Phone: Email:

**GENERAL COURSE DESCRIPTION** (maximum of 100 words)

**# OF CLASS SESSIONS: MAXIMUM # OF STUDENTS: MINIMUM #:**

**SUGGESTED READING**: (paperbacks if possible; please limit number):

**BIO OR BACKGROUND INFORMATION** (please be brief):

Last degree & Institution:

Present Position:

Noteworthy Honors, Accomplishments or Past Positions:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SCHEDULING: Type in “x”** for days and times you **CANNOT** teach:

Monday Tuesday Wednesday Thursday Friday

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 9:00 -10:30 |  | 9:00 -10:30 |  | 9:00 -10:30 |  | 9:00 -10:30 |  | 9:00 -10:30 | |
|  | 11:00 – 12:30 |  | 11:00 – 12:30 |  | 11:00 – 12:30 |  | 11:00 – 12:30 |  | 11:00 – 12:30 | |
|  | 1:30 – 3:00 |  | 1:30 – 3:00 |  | 1:30 – 3:00 |  | 1:30 – 3:00 |  | 1:30 – 3:00 | |
|  | 3:30 – 5:00 |  | 3:30 – 5:00 |  | 3:30 – 5:00 |  | 3:30 – 5:00 |  | |
|  | 7:00 – 9:00 |  | 7:00 – 9:00 |  | 7:00 – 9:00 |  | 7:00 – 9:00 |  | |

**CLASSROOM REQUIREMENTS: (Indicate with “x”)**

**\_\_\_** Copying services **\_\_\_** Laptop computer (PC) **\_\_\_** LCD Projector (for PowerPoint)

**\_\_\_** Presentation remote (slide advancer) **\_\_\_** Whiteboard **\_\_\_** VCR **\_\_\_** CD Player (for music)

**\_\_\_** Other (Describe)

**Please Attach this completed form to an e-mail and transmit to** [OLLI@berkshirecc.edu](mailto:BILL@berkshirecc.edu)