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:

Website (if you have one):

OLLI CONTACT PERSON: COMMITTEE: Arts/ Science/ Literature/ Social Science

Phone: Email:

COURSE DESCRIPTION FOR CATALOG (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) TO INCLUDE:

Last degree & Institution:

Present Position:

Noteworthy Honors, Accomplishments or Past Positions:

____________________________  ____________________________________________________________________________________________

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

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00 -10:30</td>
<td>9:00 -10:30</td>
<td>9:00 -10:30</td>
<td>9:00 -10:30</td>
<td>9:00 -10:30</td>
</tr>
<tr>
<td>11:00 – 12:30</td>
<td>11:00 – 12:30</td>
<td>11:00 – 12:30</td>
<td>11:00 – 12:30</td>
<td>11:00 – 12:30</td>
</tr>
<tr>
<td>1:30 – 3:00</td>
<td>1:30 – 3:00</td>
<td>1:30 – 3:00</td>
<td>1:30 – 3:00</td>
<td>1:30 – 3:00</td>
</tr>
<tr>
<td>3:30 – 5:00</td>
<td>3:30 – 5:00</td>
<td>3:30 – 5:00</td>
<td>3:30 – 5:00</td>
<td>3:30 – 5:00</td>
</tr>
<tr>
<td>7:00 – 9:00</td>
<td>7:00 – 9:00</td>
<td>7:00 – 9:00</td>
<td>7:00 – 9:00</td>
<td>7:00 – 9:00</td>
</tr>
</tbody>
</table>

CLASSROOM REQUIREMENTS: (Indicate with “x”)

___ Copying services  ___ Laptop computer (PC)  ___ LCD Projector (for PowerPoint)
___ Presentation remote (slide advancer)  ___ Whiteboard  ___ CD Player (for music)
___ Other (Describe)

PLEASE EMAIL THIS FORM TO  OLLI@berkshirecc.edu