

**OLLI AT BERKSHIRE COMMUNITY COLLEGE**  
**INSTRUCTOR FORM (updated 8/20/21)**  
**(To Be Completed By Contact Person & Instructor. Questions? Call 413.236.2190)**

**SUGGESTED COURSE TITLE:**

**SEMESTER:** Winter (Jan/Feb), 202\_\_ Spring (Mar/Apr), 202\_\_  
*(circle one or more)*  
Summer One (May/Jun), 202\_\_ Fall (Sep/Oct), 202\_\_

**INSTRUCTOR'S NAME AND TITLE:**

Address:

Phone:

Email:

**OLLI CONTACT PERSON:**

**COMMITTEE:**

Phone:

Email:

**GENERAL COURSE DESCRIPTION** (Can be on separate document)

**# OF CLASS SESSIONS:**

**MAXIMUM # OF STUDENTS:**

**MINIMUM #:**

**SUGGESTED READING** (can be on separate document):

**BIO/BACKGROUND INFORMATION** (can be on a separate document) **to include:**

Last degree & Institution:

Present Position:

Noteworthy Honors, Accomplishments, Past Positions:

Publications:

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

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> 9:30 – 11am	<input type="checkbox"/> 9:30 -11am	<input type="checkbox"/> 9:30 -11am	<input type="checkbox"/> 9:30-11am	<input type="checkbox"/> 9:30 -11am
<input type="checkbox"/> 11:30 – 1:00	<input type="checkbox"/> 11:30 – 1:00	<input type="checkbox"/> 11:30 – 1:00	<input type="checkbox"/> 11:30 – 1:00	<input type="checkbox"/> 11:30 – 1:00
<input type="checkbox"/> 1:30 – 3:00	<input type="checkbox"/> 1:30 – 3:00	<input type="checkbox"/> 1:30 – 3:00	<input type="checkbox"/> 1:30 – 3:00	<input type="checkbox"/> 1:30 – 3:00
<input type="checkbox"/> 3:30 – 5:00	<input type="checkbox"/> 3:30 – 5:00	<input type="checkbox"/> 3:30 – 5:00	<input type="checkbox"/> 3:30 – 5:00	<input type="checkbox"/>

**Prefer Online**     **Prefer In-person**     **Either OK**    **In-person REQUIREMENTS:**

\_\_\_ Copying services    \_\_\_ Projector for Slides/PowerPoint    \_\_\_ Whiteboard    \_\_\_ Speakers (for music)

Other/Describe:

**PLEASE ATTACH THIS COMPLETED FORM TO AN EMAIL AND SEND TO [OLLI@berkshirecc.edu](mailto:OLLI@berkshirecc.edu)**