

**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:

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> 9:00 -10:30	<input type="checkbox"/> 9:00 -10:30	<input type="checkbox"/> 9:00 -10:30	<input type="checkbox"/> 9:00 -10:30	<input type="checkbox"/> 9:00 -10:30
<input type="checkbox"/> 11:00 – 12:30	<input type="checkbox"/> 11:00 – 12:30	<input type="checkbox"/> 11:00 – 12:30	<input type="checkbox"/> 11:00 – 12:30	<input type="checkbox"/> 11:00 – 12:30
<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"/> 7:00 – 9:00	<input type="checkbox"/> 7:00 – 9:00	<input type="checkbox"/> 7:00 – 9:00	<input type="checkbox"/> 7:00 – 9:00	

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