Application for fall 2023. The semester runs September through December.

**Proposed Course Title:**

**Class Days and Times** Check each box that represents a period you would be available to teach. Use numbers rather than checks if you want to indicate priority. Please check as many as possible to allow us maximum flexibility in scheduling. If your class is shorter than the time slot, you needn’t use the entire period. (Reserved slots are for long-standing classes in those time periods.)

<table>
<thead>
<tr>
<th>Time</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
<th>Sat</th>
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</thead>
<tbody>
<tr>
<td>10:00 – 11:15 am</td>
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<tr>
<td>10:30 – 11:45 am</td>
<td><strong>reserved</strong></td>
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<td>12:30 – 1:45 pm</td>
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<td><strong>Reserved</strong></td>
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<td>1:00 – 2:15 pm</td>
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<td><strong>Reserved</strong></td>
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<tr>
<td>2:15 - 3:30 pm</td>
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**Class Length and Frequency**

Approximate date for your course to begin (or to be held for a single session):

________________________

If your class needs to be longer than the time slot how long does the class need to be?

________________________________________________________________

How many class sessions do you plan to hold?

____________________________________

How frequently will they be held?

________________________________________

Dates on which you will not be available?

________________________________________________________________

**Class Location/Format**

If the college allows, are you willing to teach an in-person class?

Yes______ No______ Not sure______
If we do not return to campus this fall, are you willing to teach on Zoom?
Yes______ No______ Not sure______

**Instructor Information**

LAST NAME: _____________________________ FIRST NAME: _____________________________

ADDRESS: ______________________________________________________________________

CITY: _____________________________ STATE: ___________ ZIP: _____________________________

TELEPHONE #: ____________________________

E-MAIL: ______________________________________________________________________

**Proposed Course Title:**

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Brief description of course for catalog (maximum 3 sentences). Please tell what the class will do or cover, using complete sentences.

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

We include brief faculty bios in our catalog. Begin with your name and write in the third person. Do not exceed a couple of sentences. If possible, say something about your background in or connection to the subject you are teaching. (*Example:* Gene Reiser has a lifelong passion for folk, protest and Broadway music. He is a former labor relations manager for CUNY.) If you’ve previously had an entry in a BLL catalog, leave blank to have that bio reused or you may submit a new one.

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________
Do you have any additional requests or comments?

Please complete this form **NO LATER** than June 15, 2023 and send to: 
BLL@Brooklyn.cuny.edu.

Only if email is not available to you, mail to: 
Brooklyn Lifelong Learning 
1623 Flatbush Ave Suite 174 
Brooklyn, NY 11210 

For any questions or comments, please email BLL@Brooklyn.cuny.edu or call the office (718.951.5647).

Thank you for volunteering to teach at Brooklyn Lifelong Learning. Without your service and that of our other instructors, we could not operate our program. Your efforts are greatly valued and highly appreciated by our members and our organization. Thank you!

For Program Committee Use

Recommendation: ____________________________________________________________

Initials: __________        Date: ____________