BLL Course Proposal Form

Application for Fall__ Spring__ Year____

Proposed Course Title____________________________________________________

Class Days and Times Check each box that represents a time and day you would be available to teach. (You may use numbers rather than checks if you want to indicate priority.) Please check as many as possible to allow us maximum flexibility in scheduling.

<table>
<thead>
<tr>
<th>Time</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
<th>Sat</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:30-10:45 am</td>
<td></td>
<td>Not avail.</td>
<td></td>
<td>Not avail.</td>
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<tr>
<td>11 am-12:15 pm</td>
<td></td>
<td>Not avail.</td>
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<td>Not avail.</td>
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<tr>
<td>12:30-2:00 pm</td>
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<tr>
<td>2:15-3:30 pm</td>
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<tr>
<td>3:40-4:55 pm</td>
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</tbody>
</table>

If your class is shorter than the time slot, you needn’t use the entire period.
If your class needs to be longer than the time slot, for example for a film course, how long does the class need to be?___________________________ Please check boxes above, considering only the start time for the class.
Other comments on scheduling may be noted on the back of the form.

Class Length and Frequency - Semesters begin early in September and February though you needn’t start your class at the beginning of the term.
Approx. date for your course to begin?___________________________________

How many class sessions do you plan to hold?_________________________________

How often will they be held? Weekly___ Alternate weeks___ Other?_______________

Dates on which you will not be available?_____________________________________

Instructor Information

LAST NAME: _______________________________  FIRST NAME: ______________
ADDRESS: _______________________________________________  APT# _______
CITY: ______________________________  STATE: _________   ZIP: ____________
TELEPHONE # __________________  E-MAIL  _______________________________

Form continues on reverse.

For Program Committee Use
Recommendation:                                  Initials:       Date:
Course Title__________________________________________________
Brief description of course for catalog (maximum 3 sentences). Please tell what the class will do or cover, using complete sentences.

Will a SmartRoom or any audio-visual equipment be needed? If so, what kind?

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 and send it by no later than ______________________ to:
Brooklyn Lifelong Learning  718-951-5647
2515 Glenwood Road #1AA
Brooklyn, NY 11210

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!