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|  | **DEADLINE** | | |  |
|  | | **11-20-2019** |  | | |
|  | | | | |

**INSTRUCTOR FORM**

Office Use Only: Day: Time: Room:

# Community Church College

**1210 W Del Webb, Sun City Center, FL 33573**

SEMESTER SPRING 2020

(Classes 2/3/2020 thru 4/3/2020)

INSTRUCTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructors are requested to commit to teach class if at least 4 students are registered.

Course may be greater or less than 6 weeks in duration, for example a one-day lecture, or 3 or 7-day course. All courses that do not meet the standard 6 week criteria must be approved by the Dean.

Please provide Course Description and Bio via email to [ctr4lifelearning@gmail.com](mailto:ctr4lifelearning@gmail.com) in a pdf or Word processing format. Where possible, provide descriptions and Bios in third person.

Due to increased costs of printing the catalog *PLEASE LIMIT YOUR BIOGRAPHY TO BE AROUND 200 WORDS*. Bio should mainly include background related to the course you are teaching. The college will work with you for conciseness. The college reserves the right to edit course descriptions and biographical material, with instructor consent, for grammar and length to conform to these guidelines.

COURSE TITLE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COURSE DESCRIPTION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**DAY REQUESTED:** MON

**TIME:** 8:30 - 10:00 AM

TUE

10:30 - Noon

WED \_ THU FRI\_\_\_\_\_\_\_\_

1:00 - 2:30 PM \_ 3:00 - 4:30 PM

**Walk-Ins: Yes**\_\_or No

**EQUIPMENT NEEDED:** LECTERN\_

Limit Size of Class to:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Indicate if you are willing to teach a second class for this semester Y/N** | | | |  |
| **DAY REQUESTED :( 2nd Class)** | | MON\_ TUE WED \_ | THU |  | |
| **TIME:** 8:30 - 10:00 AM | | 10:30 - Noon 1:00 - 2:30 PM \_ | 3:00 - 4:30 PM | | |

MICROPHONE

CHALKBOARD

COMPUTER PROJECTOR

**Unlimited:** \_ No limits to the number of individuals

OVERHEAD PROJECTOR

COMPUTER

TV

VCR

DVD PLAYER

OTHER\_

OTHER \_

**ROOM SET-UP:** Tables and Chairs Chairs Only Rows \_\_ U Formation\_\_\_\_Against the wall

Other set-up instructions: \_

**BRIEF BIOGRAPHY: (*PLEASE LIMIT YOUR BIOGRAPHY TO BE AROUND 200 WORDS*)**

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**PLEASE NOTE: The Honorarium paid to the Instructor is $75.00 and covers the full six week session. (Honorarium will vary based on the number of Class days/weeks).** PLEASE BE SURE THAT THIS INFORMATION IS PRESENTED AS YOU WISH IT TO APPEAR IN THE CATALOG. If you do not hear from us, please call and verify your course **one month** before start of semester. **PHONE:** 634-8607, **FAX:** 633-9033,

**WEBSITE:** [www.4lifelearning.org](http://www.4lifelearning.org/)

Rev. 10/1/2019

NOTE: THIS IS AN APPLICATION, NOT A CONTRACT