

INSTRUCTOR FORM

**COMMUNITY CHURCH COLLEGE
1501 LA JOLLA AVE, SUN CITY CENTER, FL 33573-5329**

SEMESTER _____ YEAR _____

INSTRUCTOR: _____

ADDRESS: _____

PHONE: _____ **FAX:** _____ **EMAIL** _____

COURSE TITLE: _____

COURSE DESCRIPTION: _____

DAY REQUESTED: ___ MON ___ TUE ___ WED ___ THU

TIME: 8:30 - 10:00 AM ___ 10:30 - Noon ___ 1:00 - 2:30 PM ___ 3:00 - 4:30 PM ___

Walk-Ins: Yes ___ or No ___

EQUIPMENT NEEDED: LECTERN ___ MICROPHONE ___ CHALKBOARD ___ COMPUTER PROJECTOR ___

OVERHEAD PROJECTOR ___ TV ___ VCR ___ Other _____

ROOM SET-UP: Tables and Chairs ___ Chairs Only - Rows ___ Circle ___ Against the wall ___

Other set-up instructions: _____

BRIEF BIOGRAPHY: _____

PLEASE BE SURE THAT THIS INFORMATION IS PRESENTED AS YOU WISH IT TO APPEAR IN THE CATALOG.
BE AS BRIEF AS POSSIBLE. RETURN COMPLETED FORM AS SOON AS POSSIBLE. THANK YOU.

SALLY ERATH, ACADEMIC DEAN -- PHONE 634-8607, FAX 633-9033.

NOTE: THIS IS AN APPLICATION, NOT A CONTRACT Rev. 09/01/2010