

KINGSBOROUGH COMMUNITY COLLEGE
The City University of New York
College Now Program
Instructional Faculty Academic Agreement
Fall 2021

Personal Information

High School: _____ School Phone: _____

Last Name: _____ First Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

E-Mail Address: _____

Course Information

CUNYFIRST Code and Section: _____ - _____

Office Hour(s): M T W TH F Other: _____

Time(s): _____ to _____ AND/OR _____ to _____

Check Days Class Usually Meets Online: M T W TH F Other: _____

Class Meeting Time(s): _____ to _____ AND _____ to _____

Date of First Meeting: _____ Date of Last Meeting: _____

Final Exam Date(s): _____ AND _____

By signing below, the DOE employee acknowledges that the listed CN teaching hours do not conflict with their required DOE daily time schedule.

Faculty Member Date

Approved by Date