

**KINGSBOROUGH COMMUNITY COLLEGE**  
The City University of New York  
College Now Program  
Instructional Faculty Academic Agreement  
Spring 2022

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 \_\_\_\_\_

Mode of Instruction:  Online  Hybrid  In-Person If In-Person, Room \_\_\_\_\_

Check Days Class Usually Meets: 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

copy sent via e-mail to: High School Principal, Course Coordinator and Program Coordinator