

KINGSBOROUGH COMMUNITY COLLEGE

The City University of New York College Now Program
Instructional Faculty Academic Agreement Fall 2023

High School: _____ School Phone: _____
 Last Name: _____ First Name: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____
 Cell Phone: _____
 E-Mail Address: _____

Course Information

CUNY First Course Code: _____

CUNY First Section: _____

Office Hour(s): M _____ T _____ W _____

TH _____ F _____

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

Mode of Instruction: _____ Hybrid
 _____ In-Person Room _____

Check Days Class Meets:

M _____ T _____ W _____ TH _____ F _____ S _____

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

of Class Meetings _____
 (must match days circled)

Date of Last Meeting: _____

Final Exam Date(s):
 _____ AND _____

CLASS MEETINGS

Circle the dates of class meetings which must
match the number of class meetings. Put a box
around the Final Date(s).

SEPTEMBER 2023

| S | M | T | W | TH | F | S |
|--------------|---------------|--------------|--------------|--------------|----|--------------|
| 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 |

days circled: _____

OCTOBER 2023

| S | M | T | W | TH | F | S |
|----|--------------|----|----|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | 31 | | | | |

days circled: _____

NOVEMBER 2023

| S | M | T | W | TH | F | S |
|----|----|--------------|----|---------------|---------------|----|
| | | | 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | 29 | 30 | | |

days circled: _____

DECEMBER 2023

| S | M | T | W | TH | F | S |
|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| | | | | | 1 | 2 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| 31 | | | | | | |

days circled: _____

JANUARY 2024

| S | M | T | W | TH | F | S |
|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 28 | 29 | 30 | 31 | | | |

days circled: _____

days boxed: _____

Total # indicated: _____
 (must match # of class
 meetings plus final exam)

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