

# Communiversiity Instructor Application

## Spring Semester 2008

Teach • Learn • Thrive  
*Applications due by 5pm Thursday, November 15, 2007*

### University YMCA

1001 S. Wright Street • Champaign, IL 61820 • (217) 337-1514

#### Instructor Information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*(Please attach a resume or a brief description of your skills and interests)*

#### Proposed Course Information:

Course Title: \_\_\_\_\_  
Course Description *(Please limit to one short paragraph as you would like it to appear in the catalog.):*

Number of class meetings per week: \_\_\_\_\_ • Total number of class meetings: \_\_\_\_\_

Please indicate three days of the week and times you would like to meet in order of preference:

1<sup>st</sup> Choice: Day(s): \_\_\_\_\_ Time(s): \_\_\_\_\_  
2<sup>nd</sup> Choice: Day(s): \_\_\_\_\_ Time(s): \_\_\_\_\_  
3<sup>rd</sup> Choice: Day(s): \_\_\_\_\_ Time(s): \_\_\_\_\_

Minimum Class Enrollment: \_\_\_\_\_ • Maximum Class Enrollment: \_\_\_\_\_

Course Fee: \$ \_\_\_\_\_ • Materials Fee: \$ \_\_\_\_\_ for \_\_\_\_\_

Requested Room: \_\_\_\_\_

Equipment & Set-Up Requests (i.e. radio, blackboard, open floor, chairs etc.):

#### Instructor Agreement:

I hereby understand that: 1) The University YMCA reserves the right to move classes within the building to accommodate special events; 2) Instructors are expected to attend the first class session regardless of enrollment; 3) Instructors who teach in the University YMCA Communiversiity Program will receive 50% of course fees collected for classes held inside the University YMCA Building and 70% of the course fees collected for classes held outside the University YMCA Building; 4) The undersigned program instructor understands and agrees he/she will not engage in discrimination or harassment against any person participating in their class because of race, color, religion, religious preference or opinion, sex, national origin, ancestry, age, marital status, disability, sexual orientation, unfavorable discharge from the military, or status as a veteran of military service.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_