NEW YORK CITY
COLLEGE OF TECHNOLOGY
THE CITY UNIVERSITY OF NEW YORK

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# Adjunct Professional Hour (per week)

**Semester**: _____ **Department**: _____

Submit to NG07 or eveningofficeRL@citytech.cuny.edu

| **NAME** **LN,** **FN** | **DAY(S)** (M,T,W,H,F) | **TIME(S)** **Ex. 6-7pm** | **ASSIGNMENT** | **Room** |
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Chairperson's/Program Coordinator's Signature: _____ Date:___/___/___