

NAME _____ DEPARTMENT _____ SEMESTER _____

OFFICE PHONE _____ OFFICE BLDG _____ # _____

CAMPUS E-MAIL ADDRESS _____

BLDG RM #	TIME	MONDAY	WEDNESDAY	FRIDAY	BLDG RM#	TIME	TUESDAY	THURSDAY
	8:00-8:50					8:00-9:15		
	9:00-9:50					9:30-10:45		
	10:00-10:50					11:00-12:15		
	11:00-11:50					12:30-1:45		
	12:00-12:50					2:00-3:15		
	1:00-1:50							
	2:00-2:50							
	5:00-6:15					5:00-6:15		
	5:00-7:45					5:00-7:45		
	6:30-7:45					6:30-7:45		
	6:30-9:15					6:30-9:15		

Submit to Dean each semester.
When faculty member is scheduled off campus,
indicate location and phone number.

Signatures: Faculty _____
Department Chair _____
Dean _____