

Semester: _____

Name _____

Phone number _____

E Mail _____

Part Time Faculty Course, Day and Time Preferences and Constraints

This form or any revision of it you choose to make within acceptable deadlines will be the sole basis for offering classes. Typically, we will not be able to make adjustments in the courses that you will be offered.

Course preferences: (Please list any/all courses you would like to be considered for)

Minimum # of courses you would accept _____

Maximum # of courses you would accept _____

Time and Day Constraints: (Please check days and times **NOT AVAILABLE** to teach)

M/W/F			
8:00AM	9:00AM	10:00AM	11:00AM
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

M/W				
12:00PM	1:30PM	3:00PM	4:30PM	6:00PM
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

T/R							
7:30AM	9:00AM	10:30AM	12:00PM	1:30PM	3:00PM	4:30PM	6:00PM
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Day/Night Preferences:

MW only _____ TTH only _____ Either MW or TTH _____ MWF ok _____ Evenings only _____

Friday ok _____ Evenings ok _____ 4 day schedule ok _____ 5 day schedule ok _____

Time Preferences:

Mornings preferred _____

Afternoon Preferred _____

Evenings preferred _____

Back to Back classes preferred _____

Back to Back mixed with breaks ok _____

Prefer a break in between each class _____

Accept assignment to be lab instructor for COMS 4 or 5 ?

*****Comments*****

Office Use Only

Semester Entitlement:

Contract type:

Annual Entitlement: