

INSTRUCTOR ASSIGNMENT PREFERENCE FORM

Year _____ Spring ___ Fall ___ Summer ___

Dept. _____

Return to the Dept. Chair by: _____

I would like the same teaching schedule that I was assigned last _____ semester.
I do / do not want to teach summer session.

_____	_____	FT	_____
Date	Print name	PT	Signature
		LTS	

I prefer the following assignments for the semester indicated above:

<u>Courses</u>	<u>Days / Times</u>	<u>Locations</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Non-Instructional Assignments

_____	_____	_____
Date	Print name	Signature

Full time instructor: Would you like an extra pay assignment: Yes ___ No ___

Comments: (e.g. Regular load, extra pay, part time pay assignments in other departments; Days and times part time instructors cannot teach)