

HEALTH EDUCATION INSTRUCTOR ASSIGNMENT PREFERENCE FORM

Preference Forms due to chair and/or coordinator by _____

All faculty – submit to Health Education chair. If you teach in a certificate program or HLTH 5122 & 5123, please make sure to provide your schedule to the certificate program coordinator in addition to completing this schedule preference form.

I would like the same teaching schedule that I was assigned last **Fall** or **Spring** semester. **OR** I prefer the following assignments for the semester indicated below:

In-Person & Hybrid Classes:

Course	Days	Times	Location	Short-term dates & Hybrid Classes (website and schedule note language) <i>(If applicable)</i>

Online Classes:

Course	Location	Short-term dates Online in-person meeting dates & times, website, & online instructions for schedule note language

List ongoing Non-Instructional Assignments & please list part time pay assignments in other departments below:

Units	Description

Date

Print Name

Signature

*Please note: Failure to return this form to the designated person by the above due date indicates **no preference**.*