

FACULTY TEACHING PREFERENCES FOR:
(Qtr/Yr)

Faculty Name: _____

Primary Department: _____

Classes I Prefer to Teach:

1. _____
2. _____
3. _____
4. _____
5. _____

Number of classes desired (if part-time): ___1 ___2 ___3 ___4

Days/Times I **PREFER** to Teach (check all that apply)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (8-12)						
Afternoon (1-5)						
Evening (6-10)						

Days/Times I **CANNOT** teach (check all that apply)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (8-12)						
Afternoon (1-5)						
Evening (6-10)						

Time not in either of these two grids is considered possible but less desirable times to teach.

I prefer (choose one): ___one class per day ___two classes per day

Additional information or requests: _____
