



### SUMMER SCHEDULE AVAILABILITY REQUEST FORM (ALL FACULTY)

Last name:	First name:
Discipline:	Name of Dean/Supervisor:
Telephone:	Email:

**Directions:** For each day of the week, indicate the times you are available to teach. Please submit to your dean/supervisor electronically by this due date:

NO LATER than December 1 (year prior)

<b>SAMPLE</b>	<b>Classes are scheduled from 7:00 am until 10:00 pm</b>
1	<i>Available time blocks, e.g., 7:00 am- 2:00 pm; 6:00 pm-10:00 pm</i>
2	<i>Open (Available any time)</i>
3	<i>N/A (not available any time)</i>
4	<i>Available for online</i>

MON	
TUES	
WED	
THUR	
FRI	
SAT	

Please also indicate, in order of preference, the classes that you wish to teach, Use course numbers, e.g., CHM-22, and indicate your preference for face-to-face, hybrid, or fully online.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

What is the MAXIMUM number of units you wish to be scheduled? \_\_\_\_\_

*\*\*\*All full and part-time faculty members must complete this form to be considered for summer assignment\*\*\**

**NAME:** \_\_\_\_\_ **FACULTY I.D.#** \_\_\_\_\_

**DATE:** \_\_\_\_\_