Faculty Information Sheet

Please complete and return this memo to:
The Office of Continuing Education and Summer Sessions

Semester: (circle one) Year: 20___
Fall
Intersession
Spring
Summer

NAME: ________________________________________

ADDRESS: _____________________________________

CITY: ________________ STATE: ________________ ZIP: ____________

HOME PHONE: Area code: _______ Number: ______________________

CELL PHONE: Area code: _______ Number: ______________________

EMAIL: _________________________________

BUSINESS ADDRESS: ________________________________

CITY: ________________ STATE: ________________ ZIP: ____________

BUSINESS PHONE: Area code: _______ Number: ______________________

COURSE(S) YOU ARE TEACHING

<table>
<thead>
<tr>
<th>Course Name</th>
<th>CRN</th>
<th>Section</th>
<th>Day</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Revised 8/15