

Form DCE-A

TEACHING AVAILABILITY FORM

TO: DCE Instructors

FROM:

Subject: Teaching Availability

Please complete the form below to indicate your availability to teach in the _____ semester:

Day(s) of the Week	Times (A.M. and P.M.)
_____	_____
_____	_____
_____	_____
_____	_____

Please indicate those course(s) in your work area(s) that you are interested in teaching and would accept:

COURSE	SEC	COURSE TITLE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please return this form by _____. If not returned by this date we will assume that you do not wish to teach this semester.

Work Area(s)

Name (Please Print) Telephone Number

Signature Date

NOTE: This Memorandum does not constitute a guarantee or agreement that any particular course or time schedule will be offered or available.