TEACHING AVAILABILITY FORM

TO: DCE Instructors
FROM: DCE Instructors
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:

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<th>COURSE</th>
<th>SEC</th>
<th>COURSE TITLE</th>
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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.