

FALL 2020

May we release your personal phone #? **Yes** ____ **No** ____

Name: Last, First (PLEASE PRINT)

Home Phone // Cell Phone

Local Address (Street, city, state, ZIP)

Email Address

OFFICE HOURS: _____

Office Rm # _____ Office Phone # _____

Courses you are **TEACHING** this semester (include anticipated F2F and/or synchronous meetings; mark "online" if course is all online)

COURSE	SECTION	DAYS	TIME	LOCATION

Courses you are **TAKING** this semester (include anticipated F2F and/or synchronous meetings; mark "online" if course is all online)

COURSE	SECTION	DAYS	TIME	LOCATION

EMERGENCY CONTACT PERSON: _____ PHONE #: _____

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