SUMMER SCHOOL 2011

TEACHER SCHEDULE

Department: _____

Name: _____ **Rank:** _____ **Employee ID#:** _____

Mailing Address: _____

Street or Box Number Cit y State Zip

Course Number and Section	Course Title	Time	Day(s)	Room	Credit Hours	Contact Hours	Session

*** Contact Hours equal actual number of hours that the class meets per week (e.g. a 3 credit hour course would meet 11.50 hours per week).**