REVISED FORM

FACULTY WITH DISABILITIES PRE-ASSIGNMENT REQUEST FORM

SELECT ONE TERM; DENOTE YEAR AND SESSION FOR SUMMER:

FALL _____   SUMMER _____

SPRING _____   A   B   C   1   2

INTERSEMESTER _____
_____

SELECT THE TYPE(S) OF REQUEST:

SMART Classroom
Cross-Listed Pre-Assignment
General Purpose Pre-Assignment

_____

COMPLETE EACH ITEM FOR A SUCCESSFUL REQUEST:

FACULTY NAME: _____

CRN: _____ (course reference number required to submit a request)

CATALOG NAME: _____

DAYS: _____

BEGIN TIME: _____

END TIME: _____

QUOTA: _____

1st CHOICE: _____

2nd CHOICE: _____

3rd CHOICE: _____

IS THIS COURSE CROSS-LISTED?   YES   NO

IF THIS COURSE IS CROSS-LISTED, INCLUDE ALL SUJECT, COURSE AND CRN INFORMATION HERE:
_____
_____

COMMENTS:
_____

DEPT. CHAIR SIGNATURE: _____ DATE: _____

Rev. 09/28/09 CMF