

SEMESTER COURSE OFFERINGS

ACADEMIC YEAR 20 ____ SEMESTER: FALL ____ SPRING ____ SUMMER ____ YEAR-ROUND ____
(falls within 2 semesters)

DEPARTMENT: ____ COURSE: ____ SECTION: ____ CREDITS: ____

ABBR. COURSE TITLE: _____
(20 SPACES ONLY)

ENROLLMENT LIMIT: ____

INSTRUCTOR'S FULL NAME: (REQUIRED)

FIRST _____ MIDDLE _____ LAST _____

Gallaudet ID #: _____ or SSN: _____ (required)

STATUS: ____ REGULAR (full-time) ____ NEW REGULAR (full-time) ____ ADJUNCT (part-time)

ADJUNCT Off-Campus Email: _____ (required)

SEMESTER-LONG SCHEDULE: ____ VARIED SCHEDULE: ____ Dates: ____ to ____
(having dates other than ____ to ____
the regular semester) ____ to ____

MEETING DAYS: ____ ____ ____ ____ ____ ____ ____
 M T W R F S U

MEETING DAYS 1: ____ ____ ____ ____ ____ ____ ____
 M T W R F S U

MEETING DAYS 2: ____ ____ ____ ____ ____ ____ ____
 M T W R F S U

MEETING TIMES: STARTING TIME ____ ____ ____ ____ ____ ____ ____ ENDING TIME ____ ____ ____ ____ ____ ____ ____

MEETING TIMES 1: STARTING TIME ____ ____ ____ ____ ____ ____ ____ ENDING TIME ____ ____ ____ ____ ____ ____ ____

MEETING TIMES 2: STARTING TIME ____ ____ ____ ____ ____ ____ ____ ENDING TIME ____ ____ ____ ____ ____ ____ ____

ON-CAMPUS ____ ONLINE ____ OFF-CAMPUS ____ location: _____

ROOM REQUIRED? NO ____ YES ____

IF YES, PLEASE LIST 3 ROOMS IN ORDER OF PREFERENCE

	<u>BUILDING</u>	<u>ROOM#</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

To match your needs with a room that supports you best, please answer these questions

DO YOU NEED: (Mark either YES or NO)

A TV & VCR for most or all of your class meetings? YES ____ NO ____

A computer-based presentation system for most or all of your class meetings? YES ____ NO ____

Computer stations for the students for most or all of your class meetings? YES ____ NO ____

Please specify the software needed on the computer presenter: _____

Please specify the software needed for the student computer stations: _____