**Survey on Faculty Class Scheduling**

**\_\_\_\_ Semester, 20\_\_-\_\_**

Please tick (✓) the days you prefer for your classes. (Faculty can select the days, not the time, of your preference.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
|  |  |  |  |  |  |  |

Course Title:

Equipment:□Digital Lectern; □AV Classroom; □Computer Classroom; □Language Lab

Course Title: Remarks:

Equipment:□Digital Lectern; □AV Classroom; □Computer Classroom; □Language Lab

Course Title: Remarks:

Equipment:□Digital Lectern; □AV Classroom; □Computer Classroom; □Language Lab

Course Title: Remarks:

Equipment:□Digital Lectern; □AV Classroom; □Computer Classroom; □Language Lab

Course Title: Remarks:

Equipment:□Digital Lectern; □AV Classroom; □Computer Classroom; □Language Lab

**Note: If special equipment is required for your class on a regular basis, please select from the equipment list above or indicate it in the “remark” field.**

Faculty Signature: Date: Unit Supervisor: