

## 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: \_\_\_\_\_