

Faculty Data Sheet

Please fill in the blocks and circle yes or no regarding privacy of contact information.

Name	Contact Information	Permissions – circle yes or no	
	Work Phone	Give to teachers: yes no Give to students: yes no	
Address	Home Phone	Give to teachers: yes no Give to students: yes no	
	Cell Phone	Give to teachers: yes no Give to students: yes no	
	Email	Give to teachers: yes no Give to students: yes no	
When Available to Teach	Mornings yes no	Afternoons yes no	Evenings yes no
Existing courses you wish to teach:	1.	2.	3.
Courses you'd like to develop:	1.	2.	3.
People you know you might want to teach here →	Please list name /contact info and subject area 1.	2.	3.