

URI /PART-TIME FACULTY UNITED (PTFU)

COURSE REQUEST / AVAILABILITY FORM

Check Appropriate Semester

Fall _____ Spring _____ SS I _____ SS II _____ Academic Year _____

Department: _____ Date: _____

Name: _____

PLEASE PRINT

Mailing Address: (Home Only) (Do not use campus mailing address)

CITY STATE ZIP

PHONE: _____ E:MAIL _____

Check those locations for which you are available.

Kingston _____ Providence (CCE) _____ Bay Campus

Are you available to teach in SS I? YES ___ NO ___ SS II? YES ___ NO ___

List those course sections from the list provided by the department chair that you are qualified to teach in order of preference (include course #, section #, day/time, and title):

Course Number	Section	Day/Time	Title

(Attach additional sheet if needed)

Signature: _____ Date: _____

NOTE: Return completed form by the department chair's deadline to the department chair.