Submit by Email Print Form

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Classroom Preferences – Summer Session 2017

School or Department _____ Summer Chair _____

Department Address _____ E-Mail Address _____

_____ Department Phone _____

All instructional space for Summer Session courses is allocated by the Office of the University Registrar. You may indicate a PREFERENCE in classrooms. Also indicate any equipment needs your instructors may require and return this form along with course materials.

COURSE (Number and Section)	Instructor	Classroom Preference (Building and Room Number)	Equipment Needs