

**FACULTY INFORMATION SHEET
UNIVERSITY TOWN CENTER – Fall 2006**

Dear Faculty:

Welcome to University Town Center. Please complete this form and return it to the front desk on or before your first day of class.

PLEASE PRINT

Name _____
Last Name First Name Middle Initial

Please check: Full-time Faculty Adjunct Faculty

Home Phone _____ Daytime Phone _____
Cell Phone _____
Email Address _____

Department Secretary _____

Office Hours/Days at University Town Center:

1. Course Name _____ Course Reference # _____
Class Days _____ Class Time _____
2. Course Name _____ Course Reference # _____
Class Days _____ Class Time _____
3. Course Name _____ Course Reference # _____
Class Days _____ Class Time _____
4. Course Name _____ Course Reference # _____
Class Days _____ Class Time _____
5. Course Name _____ Course Reference # _____
Class Days _____ Class Time _____
6. Course Name _____ Course Reference # _____
Class Days _____ Class Time _____

OFFICE USE ONLY Office: _____ Desk Letter _____ Ext. _____ Locker # _____

Please complete all sections of the form including this one before returning it to the Front Desk.

