

boxes when you are not available.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM						
PM						
NIGHT						XXXXXX

My class preferences are:

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\* **Senior Faculty Only** Although I have not taught evening classes previously, I will teach at night 0-1-2-3-4 evening classes next quarter (please circle).

\*\* **Spring Quarter Only** \_\_\_\_\_ As a full-time faculty member, I am requesting a reduced load for the Summer.

**THREE QUARTER SCHEDULE (Article XXXI, 8, f)**

\_\_\_\_\_ As a **senior, full-time faculty member**, I intend to request a three-quarter schedule. As per the contract, I will formally request this of my Academic Director *two* quarters before the quarter I intend to take off. In anticipation of the quarter off, I request an overload of  **one** or  **two** classes for this coming quarter. Please check the appropriate box.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return this form to the Dean of Education's Office no late than 5:00pm, Friday of 3<sup>rd</sup> week.** Please fill out a new form if your availability changes. Please be aware that every reasonable attempt will be made to honor those requests submitted by the above deadline.