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Classroom Preferences – Summer Session 2009

School or Department _____ Summer Chair _____

Email Address _____

Department 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