HARRIS-STOWE STATE UNIVERSITY
FACULTY INFORMATION SHEET

SEMESTER_____

Name: _____
Last **First** **Middle** **Title**

Home Address: _____
Street **City/State** **Zipcode**

Home Phone: _____ **Office Phone:**_____

Academic Rank: _____ **Department:** College of Education_____

Office Room:_____

Please list the courses you are scheduled to teach:

A. Course Schedule

Course Number	*Sec.*	*Course Name*	*Crs*	*Days and Times*	*Room*

Please list you designated office hours:

B. Office Hours: By appointment and as listed below.

Days	Hours	Room