



## Instructor Questionnaire

For consideration, please complete the following and return to Valerie Murphy: [Valerie.Murphy@unf.edu](mailto:Valerie.Murphy@unf.edu)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_

Proposed Course Title: _____
Have You Taught This, Or Any Other Course Before? _____ # Of Students? _____
Where? _____ When? _____
Preferred Semester(s): Fall (Sept-Dec) _____ • Winter (Jan-April) _____ • Spring (May-August) _____
Number (#) of Students: _____
Class Length (wks): (1) _____ (2) _____ (3) _____ (4) _____ (5) _____ (6) _____ (7) _____ (8) _____
Available Hours (@ 2 or 2.5 hour blocks   6 p.m. through 9 p.m.): _____
Best Available Evening(s): Mon _____ Tues _____ Wed _____ Thurs _____ Sat (day) _____

Course Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Instructor Biography:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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