

CHAPMAN UNIVERSITY

Faculty Schedule

Semester: _____

Name:
Office Location:

Department:
Office Phone:

Indicate in block of time which applies:

1. Course number
2. Classroom number in lower right-hand corner
3. Office hours by "OFFICE" (minimum of six hours per week for full-time faculty, spread over at least two days).

Time	Mon	Tue	Wed	Thu	Fri
8:00	1	11	1	11	1
9:00	2		2		2
9:30		12		12	
10:00	3		3		3
11:00	4	13	4	13	4
12:00	5		5		5
12:15					
1:00	6	14	6	14	Available for labs, studios, etc.
2:30	7	15	7	15	
4:00	8	16	8	16	
5:30	9	17	9	17	
7:00	10	18	19	20	
8:30					
9:45					

This information is of great importance to our students as well as being a source of some data used for assigning load credit. Please provide accurate and complete information in a timely manner. Thank you!