FACULTY INFORMATION SHEET

PLEASE TYPE or PRINT LEGIBLY

This information is for the Oakland University Birmingham Center and the Office of the Registrar, Evening and Extension Program use ONLY. On occasion, we may need to contact you with information essential to your course. Please fill out this form every semester, even if we already have a form on file for you. Your current address and telephone numbers are critical.

Please complete this form and return it to the Oakland University Birmingham Center office, room F102, fax it in to us at: 248-647-2285, or send it through university mail on campus to: The School of Business Administration, Graduate Programs, Elliott Hall 4th Floor.

SEMESTER and YEAR	DEPARTMENT	BUILDING: SEA, DERBY, MUC, Other
COURSE NAME	COURSE NUMBER	SECTION NUMBER
INSTRUCTOR (PLEASE PRINT!) LAST NAME	FIRST NAME	
INSTRUCTOR CURRENT MAILING ADDRESS		
CITY, STATE, ZIP		
AREA CODE AND HOME PHONE NUMBER		Permission to give to students: YES/ NO
AREA CODE AND WORK PHONE NUMBER		Permission to give to students: YES/ NO
(Please indicate whether or not Oaklar the above telephone numbers to stude		
INSTRUCTOR EMAIL		Do you check your email on a regular basis?
SIGNATURE _		DATE

**PLEASE ATTACH SYLLABUS TO COMPLETED FORM!!!