



Faculty Course Contingency Plan

To Be Filed with Associate Dean Prior to Each Semester

Faculty Member Name:

Faculty Contact information: (Current home, cell, email and other contingency numbers):

Semester/Year:

Department:

Preferred Substitute Faculty Member(s) for Courses: (list substitute's "S" number and cell phone number- Currently active and in system, if unsure check with Associate Dean)

[Check or X all that apply]

Course # and Title	CRN#	Distance Learning	Hybrid	Web-enhanced	Classroom traditional
1) (ex.: XXXX #### Introduction to the Flu)	#####				
	Substitute(s):	S Number(s):	Phone number(s):		
2)					
	Substitute(s):	S Number(s):	Phone number(s):		
3)					
	Substitute(s):	S Number(s):	Phone number(s):		
4)					
	Substitute(s):	S Number(s):	Phone number(s):		
5)					
	Substitute(s):	S Number(s):	Phone number(s):		
6)					
	Substitute(s):	S Number(s):	Phone number(s):		

Location of materials (lesson plans, assignments, exams) in office:

(i.e., left first desk drawer, computer, etc)

Materials are in format-

___ CD *(list/ describe CD label here)*

___ hard copy materials

___ file on computer *(list complete file name(s) here)*

___ other *(describe in detail here)*

I authorize the substitutes listed, if and when assigned to instruct my course(s) in my absence, the right of instructor access to my relevant course site(s) and materials. In granting this access, I retain all contractual or other legally applicable intellectual property rights to content I have created.

(Circle One)

YES

NO

Faculty Member's Signature _____ Date : _____