

DEPARTMENT OF NUSING EDUCATION AFFILIATING SCHOOLS OF NURSING SCHEDULE CLASSROOM ASSIGNMENT REQUEST

Instructor e-mail address	School Name				
Contact number	Semester (start/end) Date:				

MAIN CAMPUS ROOMS ONLY- For regional hospital rooms speak to the NM

ALL DATES/DAYS MUST BE LISTED INDIVIDUALLY

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Clinical Unit	Course	Instructor	Dates	Days	Conf. Room Times	TV/VCR Needed	Clinical Hours	# of Students	Levels	

Please return via email to
Joyce Leonette,
Department of Nursing Education &
Professional Practice
Email: leonetj@ccf.org