

COURSE PROFILE

Instructor's Name(s) _____

Dept. _____ Phone _____ FAX _____

Course Name and Number _____

Room Assignment _____ Time _____

Course Description: _____

_____ Number of students _____

Equipment needed for the semester: _____

Details by week of equipment needs or changes

Week 1 _____ Week 9 _____

Week 2 _____ Week 10 _____

Week 3 _____ Week 11 _____

Week 4 _____ Week 12 _____

Week 5 _____ Week 13 _____

Week 6 _____ Week 14 _____

Week 7 _____ Week 15 _____

Week 8 _____

Media/Software Assignments for LRC

Call Number	Software title	Dates	Format	Required for Class
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

Guest lecturers & Dates _____

Description of instructional strategies needing additional support: _____

Suggested dates for classroom or LRC orientation:

First date: _____

Second date: _____

Third date: _____

Fourth date: _____

Additional Comments: _____

Faculty Signature & Date: _____

INSTRUCTIONAL COMMUNICATIONS
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