**Data Collection for Class Scheduling**

**Instructor Constraint Form**

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| --- | --- | --- | --- |
| Name (Last, First): | TRU ID:T00 | Faculty/School: | Department: |
| Reason for Request under Section A or B please check the appropriate category: |
| Medical 🞏 | Administrative 🞏 | Academic 🞏 | Other 🞏 Description: |
| **Section A: Instructor Unavailability** |
| **Please fill in the columns below with days/times when the instructor is not available** |
| ***Tiers must be assigned by the Department Timetabler*** |
| ***Tier1*** *(Legislative & Legal Requirements)* | ***Tier 2*** *(Institutional Approved Requirements)* | ***Tier 3*** *(Personal/Professional Requests)* |
| **Day of Week****(e.g. Monday)** | **Times Not Available****(e.g. 8 am to 11 am)** | **Tier** | **Reason** |
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| Other comments: |
| **Section B: Location Restrictions/Requirements** |
| Special arrangement details - Instructor to complete: |
| Signature of Instructor: |  | Date: |  |
| Signature of Chair (1): |  | Date: |  |
| Signature of Chair (2): |  | Date: |  |
| **NOTE: Cross-Appointed Faculty require signatures of both chairs** |
| Signature of Dean: |  | Date: |  |

 (Use only if specific instructor constraints are to be considered)