Faculty Reservation Form

Date of Visit: ___________________          Alternate Date: _______________

Time of Visit: ______________

Date making reservation: ______________

Professor’s Name: ______________________________________

Department: ___________________________________________

Class: ___________________________________________

Number of Students: ____________

Would you like a Museum Educator to work with your class? YES _______
or
Would you like to work with your students on your own? YES _______

HU Extension: ___________________      Alternate phone: ______________

Email: _______ @hofstra.edu        Alternate E-mail: ______________

So that we can best serve your needs, please let us know how you are connecting the museum visit to your syllabus:

Exhibition or areas of the collection you would like to view:

________________________________________________________