

**UNIVERSITY OF MICHIGAN SCHOOL OF NURSING  
FIRST DAY OF CLASS INFORMATION – FALL**

COURSE TITLE \_\_\_\_\_

COURSE NUMBER \_\_\_\_\_

**ORIENTATION AND/OR FIRST DAY:**

DAY AND DATE:	_____
TIME:	_____
LOCATION:	_____

**COURSE PACK**

NAME OF SUPPLIER: \_\_\_\_\_

LOCATION: \_\_\_\_\_

THIS COURSE HAS NO COURSE PACK

**REQUIRED TEXTS:**

NAME	AUTHOR/EDITOR	EDITION
_____	_____	_____
_____	_____	_____
_____	_____	_____

NAME OF BOOKSTORE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**FACULTY COORDINATOR:**

NAME: \_\_\_\_\_ WORK ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

**OTHER IMPORTANT INFORMATION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_