



## CLASS SCHEDULE

NAME \_\_\_\_\_

DATE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

STUDENT ID# \_\_\_\_\_

LOCAL ADDRESS \_\_\_\_\_

E-MAIL \_\_\_\_\_

HOUR	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
7:30 - 8:20					
8:30 - 9:20					
9:30 - 10:20					
10:30 - 11:20					
11:30 - 12:20					
12:30 - 1:20					
1:30 - 2:20					
2:30 - 3:20					
3:30 - 4:20					
4:30 - 5:20					
5:30 - 6:20					

COURSE NAME/NUMBER \_\_\_\_\_

COURSE NAME/NUMBER \_\_\_\_\_

Place an "X" in the time slots in which you **CANNOT** receive tutoring. Open time slots will be considered potential tutoring times. Turn this completed form in to 101 Holton Hall. If a tutor is available at your indicated times, you will be notified by e-mail as to the time and location of your tutoring session.