

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 _____

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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.