

# SCHEDULES

NAME:	CLASS SCHED:
	EXAM SCHED:

DESIGNATE WITH AN **X** THOSE HOURS WHICH YOU WILL BE IN CLASS:

	7-8	8-9	9-10	11-12	12-1	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	9-10	10-11	11-12
SUN.																
MON																
TUE																
WED																
THUR																
FRI																
SAT																

PLEASE INDICATE OTHER COMMITMENTS WHICH WILL TAKE ANY OF YOUR TIME:

PLEASE INDICATE ANY PREFERRED WORKING TIMES. WHEN POSSIBLE, YOUR PREFERENCES WILL BE CONSIDERED IN PREPARING YOUR WORK SCHEDULE:

THE DEADLINE FOR COMPLETING AND TURNING IN THIS FORM TO YOUR SUPERVISOR OR DEPARTMENT HEAD IS:

- FOR CLASS SCHEDULED: THE DAY BEFORE LAST DAY OF REGISTRATION
- FOR EXAM SCHEDULES: 3 DAYS PRIOR TO LAST DAY OF CLASSES

YOU ARE RESPONSIBLE FOR PICKING UP YOUR NEW WORK SCHEDULE ON THE DAY BEFORE CLASSES OR EXAMS BEGIN.

WORK SCHEDULE YOU PREFER				
SUN				
MON				
TUE				
WED				
THUR				
FRI				
SAT				