

Schedule Availability Form

Semester Fall / Spring
 Year _____
 Name _____
 Phone # _____
 E-mail _____

Place the letter P in times you prefer to work. Place the letter O in all other times available to work.
 Write class numbers and room numbers in appropriate time slots.
 If classes end at odd times (i.e. 1:15) please note this.

	MON	TUE	WED	THU	FRI	SAT	SUN
06:00 AM							
07:00 AM							
08:00 AM							
09:00 AM							
10:00 AM							
11:00 AM							
Noon							
01:00 PM							
02:00 PM							
03:00 PM							
04:00 PM							
05:00 PM							
06:00 PM							
07:00 PM							
08:00 PM							
09:00 PM							
10:00 PM							
11:00 PM							
Midnight							
01:00 AM							
02:00 AM							

Number of hours you can work per week: _____
 Estimated date of graduation: _____
 If you will be out of town during the break,
 on what day will you be back? _____