

## Faculty Schedule

**Name:** \_\_\_\_\_ **Extension:** \_\_\_\_\_

**Office:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**SEMESTER:** \_\_\_\_\_

CLASS/LAB/CLINICAL					OFFICE HOURS/ADVISING/TUTORING
	CRN#	COURSE	TIME	LOCATION	
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					