

Scheduled Teaching & Course Assignments

Name (First & Last): _____ Office/Lab Room Number(s): _____

Home/Cell Phone Number(s): _____ Office/Lab Phone Number(s): _____

E-Mail Address(es): _____ Research Supervisor(s): _____

| Times | Monday | Tuesday | Wednesday | Thursday | Friday | Sat | Sun |
|---------------------|--------|---------|-----------|----------|------------------------------|-----|-----|
| 8:00 - 8:50 | | | | | | | |
| 9:00 - 9:50 | | | | | | | |
| 10:00 - 10:50 | | | | | | | |
| 11:00 - 11:50 | | | | | | | |
| 12:00 - 12:50 | | | | | | | |
| 1:00 - 1:50 | | | | | | | |
| 2:00 - 2:50 | | | | | | | |
| 3:00 - 3:50 | | | | | Chemistry Seminar | | |
| 4:00 - 4:50 | | | | | | | |
| 5:10 - 6:25 | | | | | | | |
| 6:35 - 7:50 | | | | | | | |

Note: Please enter all of your scheduled classes and teaching assignments into this table, including the room where they are scheduled in.