

SCHEDULE WORKSHEET

Date _____ Name _____ Major _____ Advisor _____

Sem. _____ ID Number _____ E-mail address _____

Star Number	Dept.	Course No.	Sec. No.	Cr. Hrs.	Time	Days	Room & Bldg.

Total Hours _____

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00	8:00	8:00	8:00	8:00
9:00	9:30	9:00	9:30	9:00
10:00		10:00		10:00
11:00	11:00	11:00	11:00	11:00
12:00	12:30	12:00	12:30	12:00
1:00		1:00		1:00
2:00	2:00	2:00	2:00	2:00
3:00	3:30	3:00	3:30	3:00
4:00		4:00		4:00
Eve.	Eve.	Eve.	Eve.	Eve.