

Semester/Year _____

FACULTY SCHEDULE

Name _____

E-Mail _____

Department _____

Office Phone _____

Office _____

Home Phone _____

PERIOD	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
7:50					
8:50					
9:50			Chapel 9:50 – 10:40		
10:50					
12:10					
1:10					
2:10					
3:10					
4:10					
Evening					