

OFFICE HOURS

NAME OF STUDY CENTER _____ DATE _____

Please indicate office hours in each category by placing an "X" in the blanks.

GENERAL OFFICE HOURS SCHEDULE

A.M.					P.M.									
	8-9	9-10	10-11	11-12	12-1	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	Other
MON														
TUE														
WED														
THU														
FRI														
SAT														
SUN														

OFFICE HOURS OF STUDY CENTER DIRECTOR TO MEET WITH STUDENTS

A.M.					P.M.									
	8-9	9-10	10-11	11-12	12-1	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	Other
MON														
TUE														
WED														
THU														
FRI														
SAT														
SUN														

Comments: