

PART TIME INSTRUCTOR—Spring 2008

Name: _____ **Office Phone:** _____
Office Number: _____ **E-Mail:** _____
Address: _____ **D.O.B:** _____
Home Phone: _____ **Cell:** _____ **Office Hours:** _____
Emergency Contact & Phone: _____

	Monday	Tuesday	Wednesday	Thursday	Friday
7-8 AM	/	X	/	X	/
8-9 AM	/	/	/	/	/
9-10 AM	/	/	/	/	/
10-11 AM	/	/	/	/	/
11-12 AM	/	/	/	/	/
12-1 PM	/	/	/	/	/
1-2 PM	/	/	/	/	/
2-3 PM	/	/	/	/	/
3-4 PM	/	/	/	/	/
4-5 PM	/	/	/	/	/
4-6:30 PM (my courses)					
7-9:30 PM (my courses)					

Additional Information:
