

TEACHING ASSISTANT—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:
