

Student's Name _____ Student's ID Number _____ Semester _____

Please use this worksheet to assure that time/day conflicts are avoided and that the scheduling pattern is as desired.

SCHEDULE PLANNING WORKSHEET						
TIME	MONDAY	WEDNESDAY	FRIDAY	TIME	TUESDAY	THURSDAY
08:30-09:20AM				08:30-09:45AM		
09:30-10:20AM				09:55-11:10AM		
10:30-11:20AM				11:20-12:35PM		
11:30-12:20PM				12:45-02:00PM		
12:30-01:20PM				02:10-03:25PM		
01:30-02:20PM				03:35-04:50PM		
02:30-03:34PM						
03:55-05:10PM				Evening		
Evening				Evening		

Advising Notes/Alternative Courses: