



Name: \_\_\_\_\_ Semester: \_\_\_\_\_

**Student Schedule**

*In the area below, list the classes you are taking this semester. If planning your schedule, list alternatives.*

Class	Section	Course	Units	Days	Hours	Instructor	Room
1		MATH or ENGL					
2		PERS 10					
3							
4							
5							
6							
7							
8							
9							
10							

**Weekly Time Schedule**

Time & Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:00 am						
8:30 am						
9:00 am						
9:30 am						
10:00 am						
10:30 am						
11:00 am						
11:30 am						
12:00 pm						
12:30 pm						
1:00 pm						
1:30 pm						
2:00 pm						
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3:00 pm						
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6:00 pm						
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7:00 pm						
7:30 pm						
8:00 pm						
8:30 pm						
9:00 pm						