PHYSICS LAB SCHEDULING FORM

Name: _____

Email: _____

Major: _____

☐ Prerequisites met (check if yes)   Your year: ☐ Fr   ☐ So   ☐ Jr   ☐ Sr   ☐ Other

In the following table mark the boxes for days and times that
YOU HAVE A COURSE SCHEDULED AND **ARE NOT AVAILABLE**:

	Mon	Tues	Wed	Thur	Fri
8:00-8:30AM	☐	☐	☐	☐	☐
8:30-9:00AM	☐	☐	☐	☐	☐
9:00-9:30AM	☐	☐	☐	☐	☐
9:30-10:00AM	☐	☐	☐	☐	☐
10:00-10:30AM	☐	☐	☐	☐	☐
10:30-11:00AM	☐	☐	☐	☐	☐
11:00-11:30AM	☐	☐	☐	☐	☐
11:30AM-12:00PM	☐	☐	☐	☐	☐
1:00PM-1:30PM	☐	☐	☐	☐	☐
1:30PM-2:00PM	☐	☐	☐	☐	☐
2:00PM-2:30PM	☐	☐	☐	☐	☐
2:30PM-3:00PM	☐	☐	☐	☐	☐
3:00PM-3:30PM	☐	☐	☐	☐	☐
3:30PM-4:00PM	☐	☐	☐	☐	☐
4:00PM-4:30PM	☐	☐	☐	☐	☐
4:30PM-5:00PM	☐	☐	☐	☐	☐
5:00PM-5:30PM	☐	☐	☐	☐	☐

Comments:

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