
Last Name

First Name

Student W#

Home Telephone #

Cell Phone #

EMERGENCY LOCATING SERVICE

Class schedule for _____ (semester & year)

Date _____ Initials _____

Please indicate the name of the building, and the room number, where your classes are held.

| Time | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------------|--------|---------|-----------|----------|--------|----------|--------|
| 8 – 9 AM | | | | | | | |
| 9 – 10 AM | | | | | | | |
| 10 – 11 AM | | | | | | | |
| 11 AM – Noon | | | | | | | |
| Noon – 1 PM | | | | | | | |
| 1 – 2 PM | | | | | | | |
| 2 – 3 PM | | | | | | | |
| 3 – 4 PM | | | | | | | |
| 4 – 5 PM | | | | | | | |
| 5 – 6 PM | | | | | | | |
| 6 – 7 PM | | | | | | | |
| 7 – 8 PM | | | | | | | |
| 8 – 9 PM | | | | | | | |

Note:

1. You are responsible for keeping this schedule current. If you add or drop a class, be sure to notify the Student Development and Campus Life Office at 575-6700.
2. If an emergency call comes in, someone will be dispatched to your scheduled class to locate you.

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