**Schedule of Classes and Office Hours**

**Semester:**

**Professor:**

**Phone:**

**Email:**

**schedule of classes**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Days or ONL/HYB** | **Start Time** | **End Time** | **Course Number & Name** | **Location (Abi, Cis, HS)** | **Bldg/ Room #** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

**Office Hours (Other times available by appointment.)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Day** | **Start Time** | **End Time** | **Bldg/Room** | **Location** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Distribution: Post on office door and submit copies to your Division Chair. Division Chairs submit copies to Instructional Services & Provost.**