

CLASS SCHEDULE

Name _____

Work Address _____ Home Address _____

Work Phone (_____) _____ Home Phone (_____) _____

If you are taking any classes concurrent with the internship, please indicate the course name and number in the appropriate box.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7:00-8:00							
8:00-9:00							
9:00-10:00							
10:00-11:00							
11:00-12:00							
12:00-1:00							
1:00-2:00							
2:00-3:00							
3:00-4:00							
4:00-5:00							
5:00-6:00							
6:00-7:00							
7:00-8:00							
8:00-9:00							
9:00-10:00							

Important: Please complete and return this form to the University Supervisor