

_____ **DIVISION**
FACULTY/ STAFF SCHEDULE

SEMESTER: _____

NAME:
E-MAIL:

OFFICE LOCATION:
OFFICE PHONE #:

MONDAY/WEDNESDAY/FRIDAY CLASSES

| COURSE & SECTION | TIME | LOCATION |
|-----------------------------|-------------|-----------------|
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TUESDAY/THURSDAY CLASSES

| COURSE & SECTION | TIME | LOCATION |
|-----------------------------|-------------|-----------------|
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ONLINE CLASSES

| COURSE & SECTION | TIME | LOCATION |
|-----------------------------|-------------|-----------------|
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OFFICE HOURS

| DAYS & TIME | LOCATION |
|------------------------|-----------------|
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