

TA AVAILABILITY SCHEDULE
(Please return to FRONT DESK)

Preferences:

**CHEMISTRY DEPARTMENT
SCHEDULE**

If there any changes (including preferences), submit a new copy.

NAME _____ Position _____ Advisor _____
(Please Print - Last Name, First) Office phone # _____ Lab phone # _____
Office room # _____ Lab room # _____
HOME/CELL PHONE # _____
(For emergency use ONLY!)

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00 - 8:30 AM					
8:30 - 9:00 AM					
9:00 - 9:30 AM					
9:30 - 10:00 AM					
10:00 - 10:30 AM					
10:30 - 11:00 AM					
11:00 - 11:30 AM					
11:30 - 12:00 PM					
12:00 PM-12:30 PM					
12:30 - 1:00 PM					
1:00 - 1:30 PM					
1:30 - 2:00 PM					
2:00 - 2:30 PM					
2:30 - 3:00 PM					
3:00 - 3:30 PM					
3:30 - 4:00 PM					
4:00 - 4:30 PM					
4:30 - 5:00 PM					
5:00 - 5:30 PM					
5:30 - 6:00 PM					

DATE COMPLETED: _____