

NAME \_\_\_\_\_

SEMESTER \_\_\_\_\_

**SCHEDULE- INCLUDE CLASSES, OFFICE HOURS AND APPLIED STUDENTS**

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
7:00 MWF					
8:00 M-F					
9:05 MWF					
9:30 TTH					
10:10 MWF					
11:00 TTH					
11:15 MWF					
12:20 MWF					
12:30 TTH					
1:25 MWF					
2:00 TTH					
2:30 MWF					
3:30 TTH					
3:35 MWF					
4:40 MWF					
EVENING					

University of South Alabama

Department of Music

Faculty Schedule

Semester \_\_\_\_\_

Name \_\_\_\_\_

Studio/Room # \_\_\_\_\_

Course, Section	Course Title	Room #	Days	Time
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Office Hours

Day	Time
_____	_____
_____	_____
_____	_____
_____	_____

Please complete this schedule and return to the Music Office as soon as possible. Thank you.