

ACADEMIC ASSISTANCE AND TUTORING CENTERS TUTOR AVAILABILITY SCHEDULE

Name: [1]				Quarter: [2]	
Preferred Name:				Date Submitted:	
Phone: [3]				Courses Eligible to Tutor:	
Email: [5]				(List your professors for courses on back) [4]	

INCLUDE ONLY YOUR AVAILABLE HRS AND TRAINING TIME

A = AVAILABLE

Graduation Month/Year: _____

# of hours you would like to work (including potential prep hours): *Must be able to work at least 6 hours	
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	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8-9 am						
9-10 am						
10-11 am						
11-12 pm						
12-1 pm						
1-2 pm						
2-3 pm						
3-4 pm						
4-5 pm						
5-6 pm						
6-7 pm						
7-8 pm						
8-9 pm						
9-10 pm						