

SCHEDULE OF AVAILABLE TIME

NAME _____ **TERM** _____

Place an X through the times you are in class and indicate which class it is.
 Indicate what times you are available by a vertical line showing the start/end times of availability.
For Tutors only: Please indicate your preference for availability of **BAO (By Appointment Only times)** and designate with **BAO**. We request that you work either one evening or alternating Saturday so please mark that.

PHONE _____ How many hours do you want to work each week? _____
Min – Max Hrs.

EMAIL _____@RhodesState.edu

Thank you.

	Mon	Tues	Wed	Thur	Fri	Sat
8 – 8:30 A						
8:30 – 9 A						
9 – 9:30 A						
9:30 – 10 A						
10 – 10:30 A						
10:30 – 11 A						
11 – 11:30 A						
11:30 – 12 P						
12 – 12:30 P						
12:30 – 1 P						
1 – 1:30 P						
1:30 – 2 P						
2 – 2:30 P						
2:30 – 3 P						
3 – 3:30 P						
3:30 – 4 P						
4 – 4:30 P						
4:30 – 5 P						
5 – 5:30 P						
5:30 – 6 P						
6 – 6:30 P						
6:30 – 7 P						
7 – 7:30 P						
7:30 – 8 P						