

STUDENT SCHEDULE FORM

Name: _____
 Phone Number: _____ Email: _____@valdosta.edu
 Lesson Day and Time: _____

Class Schedule – name of class, building and room number
 Other times – work, church, meetings, brass quintet, sax quartet, etc.

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:00							
8:30							
9:00							
9:30							
10:00							
10:30							
11:00							
11:30							
12:00							
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6:00							
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7:00							
7:30							
8:00							
8:30							
9:00							
9:30							

Other Information (not a regularly scheduled event/rehearsal, specify date(s) and times – VSO weekend, Christmas rehearsal...)
