

STUDENT ACADEMIC SUCCESS CENTER TUTOR AVAILABILITY SCHEDULE

Name: _____

Quarter: _____

Phone: _____

Date Submitted: _____

Email: _____

Courses Eligible to Tutor: _____

INCLUDE ONLY YOUR AVAILABLE HRS AND TRAINING TIME

A = AVAILABLE

of hours you would like to work (including potential prep hours):

	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						