

Student Name

First Reader (last name)

Second Reader (last name)

Please place one **X** in each half-hour space where you will **NOT** be available for your senior project proposal meeting.

Include all activities planned for each of the days below (not just your class schedule). Thank you.

8:00-8:30						8:00-8:30
8:30-9:00						8:30-9:00
9:00-9:30						9:00-9:30
9:30-10:00						9:30-10:00
10:00-10:30						10:00-10:30
10:30-11:00						10:30-11:00
11:00-11:30						11:00-11:30
11:30-12:00						11:30-12:00
12:00-12:30						12:00-12:30
12:30-1:00						12:30-1:00
1:00-1:30						1:00-1:30
1:30-2:00						1:30-2:00
2:00-2:30						2:00-2:30
2:30-3:00						2:30-3:00
3:00-3:30						3:00-3:30
3:30-4:00						3:30-4:00
4:00-4:30						4:00-4:30
4:30-5:00						4:30-5:00
5:30						5:30

Comments:
