

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 oral exam 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:
