

SCHEDULE WORKSHEET

Course Number _____

Title _____

Instructor _____

Course Number _____

Title _____

Instructor _____

Course Number _____

Title _____

Instructor _____

Course Number _____

Title _____

Instructor _____

Course Number _____

Title _____

Instructor _____

Course Number _____

Title _____

Instructor _____

Course Number _____

Title _____

Instructor _____

Total Credits _____

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
8:00 - 8:30							
8:30 - 9:00							
9:00 - 9:30							
9:30 - 10:00							
10:00 - 10:30							
10:30 - 11:00							
11:00 - 11:30							
11:30 - 12:00							
12:00 - 12:30							
12:30 - 1:00							
1:00 - 1:30							
1:30 - 2:00							
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6:00 - 6:30							
6:30 - 7:00							
7:00 - 7:30							
7:30 - 8:00							
8:00 - 8:30							
8:30 - 9:00							
9:00 - 9:30							
9:30 - 10:00							

Adviser Signature

Date

Pennsylvania College
of Technology

PENNSTATE

