Time Management

Name: _____ **Phone #:** _____ **Email:** _____ **Semester:** _____

May We Text You?: (check one) ☐ Yes ☐ No

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7:00 – 7:30 AM						
7:30 – 8:00 AM						
8:00 – 8:30 AM						
8:30 – 9:00 AM						
9:00 – 9:30 AM						
9:30 – 10:00 AM						
10:00 – 10:30 AM						
10: 30 – 11:00 AM						
11:00 – 11:30 AM						
11:30 – 12:00 PM						
12:00 – 12:30 PM						
12:30 – 1:00 PM						
1:00 – 1:30 PM						
1:30 – 2:00 PM						
2:00 – 2:30 PM						
2:30 – 3:00 PM						
3:00 – 3:30 PM						
3:30 – 4:00 PM						
4:00 – 4:30 PM						
4:30 – 5:00 PM						
5:00 – 5:30 PM						
5:30 – 6:00 PM						
6:00 – 6:30 PM						
6:30 – 7:00 PM						
7:00 – 7:30 PM						
7:30 – 8:00 PM						
8:00 – 8:30 PM						
8:30 – 9:00 PM						

INSTRUCTIONS: For times that you are absolutely sure you CANNOT work, put an "X" in each box. For hours that you CAN work, leave the boxes blank.