

Office Schedule

Name: _____

Email: _____

Phone: _____

	On Campus	Remote	Hours
MONDAY	<input type="checkbox"/>	<input type="checkbox"/>	_____
TUESDAY	<input type="checkbox"/>	<input type="checkbox"/>	_____
WEDNESDAY	<input type="checkbox"/>	<input type="checkbox"/>	_____
THURSDAY	<input type="checkbox"/>	<input type="checkbox"/>	_____
FRIDAY	<input type="checkbox"/>	<input type="checkbox"/>	_____