



DEPARTMENT: _____
 College of Social Sciences, Arts and Humanities
 Florida Agricultural and Mechanical University

OFFICE HOURS & CLASS SCHEDULE INFORMATION

INSTRUCTOR'S NAME: _____ SEMESTER: _____ YEAR: _____

OFFICE LOCATION: _____ ROOM NUMBER: _____
 PHONE NUMBER: _____ E-MAIL ADDRESS: _____

OFFICE HOURS				
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

CLASS SCHEDULE						
COURSE PREFIX	COURSE NUMBER	COURSE SECTION NUMBER	COURSE TITLE	MEETING DAY	MEETING TIME	COURSE LOCATION

Note: If you are unable to meet with me during my regular office hours, please contact me by phone or e-mail to arrange an appointment.