

# CLASS SCHEDULE *first semester*

FIRST SEMESTER

Subject	Instructor	Office	Telephone

**REVIEW ONLY**

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



**DO NOT SUBMIT FOR PRINT**

