

Face-to-face SI Session

Supplemental Instruction Schedule Request

Name: _____

Course: _____

Please print your name and indicate what times (at least two) are most convenient for you to attend a face-to-face SI session in a classroom environment. **Mark in the hours you are available with a checkmark. The hours you are not available please leave blank.** When you have finished completing this schedule request, please pass it forward.

	Monday	Tuesday	Wednesday	Thursday	Friday
8 AM					
9 AM					
10 AM					
11 AM					
12 PM					
1 PM					
2 PM					
3 PM					
4 PM					
5 PM					
6 PM					
7 PM					
8 PM					

* NOTE: Saturdays and Sundays are not available for face to face SI sessions.