

# OFFICE HOURS SCHEDULE

Instructor: \_\_\_\_\_

Semester: \_\_\_\_\_

Course: \_\_\_\_\_

Location/Link: \_\_\_\_\_

| DAY | TIME SLOTS | MODALITY (IN-PERSON/VIRTUAL) |
|-----|------------|------------------------------|
|-----|------------|------------------------------|

**Monday**

**Tuesday**

**Wednesday**

**Thursday**

**Friday**

## Additional Appointments & Contact Instructions

Please email at least 24 hours in advance to schedule a specific time slot if required.