



Name: _____ MU ID: _____ Semester: _____

Reference Number	Consent No. (if necessary)	Department	Course Number	Section Number	Credit Hours

	Monday (M)	Tuesday (T)	Wednesday (W)	Thursday (R)	Friday (F)
8:00 a.m.					
8:30 a.m.					
9:00 a.m.					
9:30 a.m.					
10:00 a.m.					
10:30 a.m.					
11:00 a.m.					
11:30 a.m.					
12:00 noon					
12:30 p.m.					
1:00 p.m.					
1:30 p.m.					
2:00 p.m.					
2:30 p.m.					
3:00 p.m.					
3:30 p.m.					
4:00 p.m.					
4:30 p.m.					