Name: _____________________ Phone: _____________________
Email: _____________________

Circle the session to which this availability applies:

- Fall Semester
- Spring Semester
- July & August

Beginning Date: _____________________
Ending Date: _____________________

Any time between:

9:00 am – Noon: M___ T ___ W ___ TH ___ F ___
Noon – 1:00 pm: M___ T ___ W ___ TH ___ F ___
3:30 pm – 5:30 pm: M___ T ___ W ___ TH ___ F ___

Do you have any full days available? _____________________

Half Days? _____________________

Any dates you will not be available?

________________________________________________________________________