

CLASS AND SAGA SCHEDULES

Copy of OSA () Unit ()

NAME: _____

STUDENT NO./PROGRAM/TERM: _____

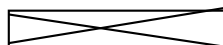
FACULTY/COLLEGE CU _____

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
7-8					
8-9					
9-10					
10-11					
11-12					
12-1					
1-2					
2-3					
3-4					
4-5					
5-6					

I certify that the above schedules are true and correct.

Signature

LEGEND: class sked



SAGA sked

