From: Heidi Terault
To: Writing Program Staff
Subj: Office Hours Schedule

Please fill out the form below and return to the Writing Program office by the end of your second class meeting.

NAME: _____
LAST FIRST

ADDRESS: _____
STREET TOWN ZIP

HOME PHONE: _____ Can this be given out to students? **Y** **N**

E-MAIL ADDRESS:_____ Can this be given out to students? **Y** **N**

(Is this a new e-mail address or different from the one appearing on our Teacher Directory? **Y** **N**

OFFICE: _____

OFFICE HOURS: _____