

Marshall University Higher Education for Learning Problems Student Schedule

Name: _____

Semester: _____

Email: _____

MUID: _____

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
7:00 AM							
8:00 AM							
9:00 AM							
10:00 AM							
11:00 AM							
Noon							
1:00 PM							
2:00 PM							
3:00 PM							
4:00 PM							
5:00 PM							
6:00 PM							
7:00 PM							
8:00 PM							
9:00 PM							