

NEO A & M COLLEGE
Student Work/Class Schedule

Name: _____ SS# _____

Local Address: _____

Phone: _____ Cell Phone#: _____

Semester: _____ Year: _____ () Freshman () Sophomore

Major: _____ Minor: _____

Award Hours: Fall: _____ Spring: _____ Summer: _____

Class Schedule: Total Hours: _____

CLASS	MON	TUES	WED	THURS	FRI	BLDG/RM

Work Schedule: Total Hours: _____

(Make certain that work hours do not conflict or overlap with class hours)

MON	TUES	WED	THURS	FRI	SAT	TOTAL

Student Signature: _____