

# MESA COMMUNITY COLLEGE DEPARTMENT OF MUSIC

## PRIVATE LESSON SCHEDULE

Instructor: \_\_\_\_\_

NAME _____ <small>(LAST) (FIRST)</small>	HOME PHONE _____
E-MAIL _____	CELL PHONE _____
STUDENT ID # _____	MUSIC MAJOR _____
INSTRUMENT _____ OR VOICE _____ <small>(NAME) (PART)</small>	<input type="checkbox"/> 1 CREDIT <input type="checkbox"/> 2 CREDIT <input type="checkbox"/> JURY REQUIRED

Please write in the names of your classes and any times you are unavailable for lessons. Be specific about the start and finish times, especially of Tuesday and Thursday classes.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
7:30						7:30
8:00						8:00
8:30						8:30
9:00						9:00
9:30						9:30
10:00						10:00
10:30						10:30
11:00						11:00
11:30						11:30
12:00						12:00
12:30						12:30
1:00						1:00
1:30						1:30
2:00						2:00
2:30						2:30
3:00						3:00
3:30						3:30
4:00						4:00
4:30						4:30
5:00						5:00
5:30						5:30
6:00						6:00
6:30						6:30
7:00						7:00
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9:00						9:00
9:30						9:30
10:00						10:00

