

# TEST SCHEDULE

Student Name: \_\_\_\_\_ Major: \_\_\_\_\_ Date: \_\_\_\_\_

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Time:	Time:	Time:	Time:	Time:
Course Code & Section Number: -----	Course Code & Section Number: -----	Course Code & Section Number: -----	Course Code & Section Number: -----	Course Code & Section Number: -----
Title:	Title:	Title:	Title:	Title:
<input type="checkbox"/> OAKLAND campus <input type="checkbox"/> SAN FRANCISCO campus	<input type="checkbox"/> OAKLAND campus <input type="checkbox"/> SAN FRANCISCO campus	<input type="checkbox"/> OAKLAND campus <input type="checkbox"/> SAN FRANCISCO campus	<input type="checkbox"/> OAKLAND campus <input type="checkbox"/> SAN FRANCISCO campus	<input type="checkbox"/> OAKLAND campus <input type="checkbox"/> SAN FRANCISCO campus
Time:	Time:	Time:	Time:	Time:
Course Code & Section Number: -----	Course Code & Section Number: -----	Course Code & Section Number: -----	Course Code & Section Number: -----	Course Code & Section Number: -----
Title:	Title:	Title:	Title:	Title:
<input type="checkbox"/> OAKLAND campus <input type="checkbox"/> SAN FRANCISCO campus	<input type="checkbox"/> OAKLAND campus <input type="checkbox"/> SAN FRANCISCO campus	<input type="checkbox"/> OAKLAND campus <input type="checkbox"/> SAN FRANCISCO campus	<input type="checkbox"/> OAKLAND campus <input type="checkbox"/> SAN FRANCISCO campus	<input type="checkbox"/> OAKLAND campus <input type="checkbox"/> SAN FRANCISCO campus
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Course Code & Section Number: -----	Course Code & Section Number: -----	Course Code & Section Number: -----	Course Code & Section Number: -----	Course Code & Section Number: -----
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Course Code & Section Number: -----	Course Code & Section Number: -----	Course Code & Section Number: -----	Course Code & Section Number: -----	Course Code & Section Number: -----
Title:	Title:	Title:	Title:	Title:
<input type="checkbox"/> OAKLAND campus <input type="checkbox"/> SAN FRANCISCO campus	<input type="checkbox"/> OAKLAND campus <input type="checkbox"/> SAN FRANCISCO campus	<input type="checkbox"/> OAKLAND campus <input type="checkbox"/> SAN FRANCISCO campus	<input type="checkbox"/> OAKLAND campus <input type="checkbox"/> SAN FRANCISCO campus	<input type="checkbox"/> OAKLAND campus <input type="checkbox"/> SAN FRANCISCO campus