

**UNIVERSITY OF MONTANA
SCHOOL OF MUSIC
FACULTY SCHEDULE**

NAME _____ **ACADEMIC SEMESTER** _____

E-Mail _____ **Room #** _____

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8-9					
9-10					
10-11					
11-12					
12-1					
1-2					
2-3					
3-4					
4-5					

Additional information, activities, office hours: