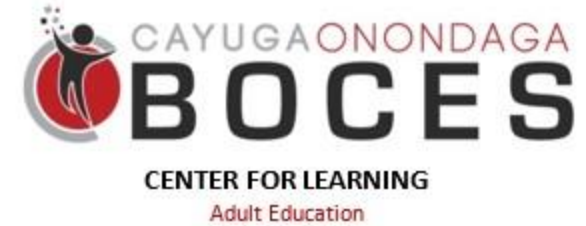


CDL Program Scheduling Form



Student's Name: _____

Please Print

Please mark all days/hours that you would be available for CDL training to help the instructor with scheduling.

Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Hours	Saturday	Sunday
7:00 am – 9:00 am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8:00 am – 10:00 am	<input type="checkbox"/>	<input type="checkbox"/>
9:00 am – 11:00 am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10:00 am – 12:00 pm	<input type="checkbox"/>	<input type="checkbox"/>
11:00 am – 1:00 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12:00 pm – 2:00 pm	<input type="checkbox"/>	<input type="checkbox"/>
1:00 pm – 3:00 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3:00 pm – 5:00 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5:00 pm – 7:00 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7:00 pm – 9:00 pm Not Available 11/1 to 3/31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Other scheduling information you would like the instructor to know:
