

INDIANA UNIVERSITY JACOBS SCHOOL OF MUSIC
Office of Pre-college Programs

Pre-College Guitar ~ Summer 2008

Scheduling form

Student's Name _____ Lesson's length _____

1. First choice for lesson time:

Day of the week _____ Beginning time _____ Ending time _____

Day of the week _____ Beginning time _____ Ending time _____

2. Second choice for lesson time:

Day of the week _____ Beginning time _____ Ending time _____

Day of the week _____ Beginning time _____ Ending time _____

3. Third choice for lesson time:

Day of the week _____ Beginning time _____ Ending time _____

4. Other possibilities for lesson time:

Day of the week _____ Beginning time _____ Ending time _____

Day of the week _____ Beginning time _____ Ending time _____

Day of the week _____ Beginning time _____ Ending time _____

5. Unavailability:

Day of the week _____ Beginning time _____ Ending time _____

Day of the week _____ Beginning time _____ Ending time _____

Day of the week _____ Beginning time _____ Ending time _____

The lesson options should be within the times between 2:00pm and 8:30pm, Monday through Friday. Please fill out at least one option for each of the five sections. Feel free to list more than one week days and time spans larger than the actual duration of the lesson you are registering for.

For example:

Day of the week Monday / Thursday / Friday Beginning time 3:30pm Ending time 7:15pm

Before the beginning of the semester you will be contacted by the instructor for a final confirmation of your lesson time.

If you have any questions please contact the director, Atanas Tzvetkov, (812) 339-0236, avtzvetk@indiana.edu