

COMPLETE THIS FORM IN PENCIL ONLY.



**Alabama A & M University
Communicative Sciences and Disorders Clinic
CLINICIAN SCHEDULE (CSD 516)**

Clinician: _____ Semester: _____ **20** _____ Semester of Graduation: _____
_____ work _____ cell _____
AAMU Email Address: _____ Need Audiology hrs this semester? _____

Please indicate class and work schedule as well as any other obligations you have that may cause you to be unavailable for a client or externship rotation. IF YOUR SCHEDULE CHANGES IN **ANY** WAY (after December 5th), NOTIFY THE CLINIC DIRECTOR **IMMEDIATELY!**

TIME	MONDAY	
-------------	---------------	--