University of California  
Department of Spanish & Portuguese

**TA Office Hours**

for ____________ Quarter, 20____

**REMINDER:**

You are expected to hold **two office hours per week** on an alternating-day schedule, i.e., one hour on a MON, WED, or FRI, and one on a TUE or THU.

Name: ____________________________

Location: __________________________

**Office Hour #1**

Time: ___________ am/pm  MON  WED  FRI  (circle one)

**Office Hour #2**

Time: ___________ am/pm____TUE THU  (circle one)

**COMMENTS:**

PLEASE, RETURN THIS FORM TO THE SPANISH LANGUAGE PROGRAM DIRECTOR AS SOON AS POSSIBLE, BUT

**NOT LATER THAN THE SECOND DAY OF CLASSES.**