



UNIVERSITY OF EMBU

TIME TABLE FORM

Name: Reg. No.: Mobile No.:
 School: Subject 1: Subject 2:

Lesson	Time	Monday	Tuesday	Wednesday	Thursday	Friday
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

Note: If a lesson takes place in a room other than the classroom, please indicate this in the timetable. E.g. 2A: Physics Lab

Important Information



Tea Break Lunch Break Other Breaks (Specify)
Cooperating Teacher 1 Cooperating teacher 2
Term Date Half Term
CATS Exams





ISO 27001:2013 Certified

Knowledge Transforms



ISO 9001:2015 Certified