



PARATRANSIT RIDE SCHEDULE FOR _____

EFFECTIVE DATE: _____

**PLEASE INDICATE REQUESTED TIMES BELOW
PLEASE BE ADVISED TO ONLY LIST YOUR REQUESTED PICK UP AND DROP
OFFS NEEDED FOR PARATRANSIT. PLEASE DO NOT LIST YOUR CLASS
SCHEDULE.**

	MON	TUE	WED	THUR	FRI
TIME					
P/U LOCATION					
D/O LOCATION					
TIME					
P/U LOCATION					
D/O LOCATION					
TIME					
P/U LOCATION					
D/O LOCATION					
TIME					
P/U LOCATION					
D/O LOCATION					

PLEASE MAKE SURE YOU READ AND UNDERSTAND THE PARATRANSIT SERVICE INFORMATION LOCATED AT <http://www.towson.edu/parking/shuttle/paratransit.html>

USE ADDITIONAL SHEETS AS NECESSARY. TO MAKE PERMANENT CHANGES TO THIS SCHEDULE CALL 410-704-RIDE OR SUBMIT AN UPDATED SCHEDULE TO URIDE@TOWSON.EDU.