

---

**Name:** Dr. Lo, A.

**Phone:** 7526  
**Office:** 5/314

**Email:**  
<mailto:assane@kfupm.edu.sa>

#	Course Math 260	Sections 3&4	Period 082	Location	Activity	Days
---	-----------------------	-----------------	---------------	----------	----------	------

**Office Hours (Phone: 7526 Office: 5-314)**

Saturday	Sunday	Monday	Tuesday	Wednesday
11:00-12:00		11:00-12:00		11:00-12:00

**Remark:** Also by appointment

---