Last Name First Initial

Student I.D. ___ ___ ___ — ___ ___ — ___ ___ ___ ___

FALL SPRING SUMMER
(Circle One)

CRN #	Sym	Nbr	Section Class	Section Lab	Day	Time	Credit
					M T W R F S		
					M T W R F S		
					M T W R F S		
					M T W R F S		
					M T W R F S		
					M T W R F S		
					M T W R F S		
					M T W R F S		
					M T W R F S		

(SEE BELOW FOR ALTERNATE COURSES)

Total Credit _____

Adviser Approval _____ Date _____

_____ _____

Student Signature

ALTERNATE ~~COURSES~~

CRN #	Sym	Nbr	Section Class	Section Lab	Day	Time	Credit
					M T W R F S		
					M T W R F S		
					M T W R F S		
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					M T W R F S		
					M T W R F S		
					M T W R F S		
					M T W R F S		
					M T W R F S		

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Last Name First Initial

Student I.D. ___ ___ ___ — ___ ___ — ___ ___ ___ ___

FALL SPRING SUMMER
(Circle One)

CRN #	Sym	Nbr	Section Class	Section Lab	Day	Time	Credit
					M T W R F S		
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					M T W R F S		
					M T W R F S		
					M T W R F S		
					M T W R F S		

(SEE BELOW FOR ALTERNATE COURSES)

Total Credit _____

Adviser Approval _____ Date _____

_____ _____

Student Signature

ALTERNATE ~~COURSES~~

CRN #	Sym	Nbr	Section Class	Section Lab	Day	Time	Credit
					M T W R F S		
					M T W R F S		
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					M T W R F S		
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					M T W R F S		
					M T W R F S		

Rev. 9/04