REQUESTED SCHEDULE

Original Copy – Registrar
Copy – Student

☐ **FALL**
☐ **SPRING**

Last Name _____ **First** _____ **Middle or Former** _____

Social Security Number _____ **Home Phone** _____ **Work Phone** _____

Cell Phone _____ **Fax Number** _____

E-mail _____

REQUESTED SCHEDULE (*No more than 2 courses allowed*)

Index Number	Department	Course Number	Sec.	Course Title	Time	Hrs. Cr.	Instructor
				TOTAL HOURS:			

ALTERNATE COURSES: (*If requested course(s) not available*)

I understand as a student I am responsible for course selections.

Failure to withdraw from any course(s) will result in grade(s) of FIW.

_____ **DATE**

_____ **STUDENTS SIGNATURE**

_____ **ADVISOR'S SIGNATURE**