** Student Worksheet for Registration**

THIS FORM MUST BE COMPLETED BEFORE YOU MEET WITH YOUR ADVISOR

(Advisor may require you to reschedule your appointment if this form is not complete)

Student ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Fall [ ]  Spring Year: \_\_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Considerations for selecting a schedule:**

[ ]  Are pre-requisites met? [ ]  Does the schedule allow time for transitions between classes?

[ ]  Other considerations like athletic schedule, class trips? [ ] Does the schedule allow time for lunch?

|  |
| --- |
| Course Fulfills (check box): |
| Major/ Minor | General Education | Elective | Course Prefix & Number | Section Number | Course Title  | Day(s) | Time | Credit Hours |
| [ ]  | [x]  | [ ]  | REG 101 | 01 | Introduction to Registration | W | 11:00-12:30 | 1 |
| [ ]  | [ ]  | [ ]  |  |  |  |  |  |  |
| [ ]  | [ ]  | [ ]  |  |  |  |  |  |  |
| [ ]  | [ ]  | [ ]  |  |  |  |  |  |  |
| [ ]  | [ ]  | [ ]  |  |  |  |  |  |  |
| [ ]  | [ ]  | [ ]  |  |  |  |  |  |  |
| [ ]  | [ ]  | [ ]  |  |  |  |  |  |  |
| [ ]  | [ ]  | [ ]  |  |  |  |  |  |  |
| **Total Credit Hours** |  |

Alternate Courses

|  |
| --- |
| Course Fulfills (check box): |
| Major/ Minor | General Education | Elective | Course Prefix & Number | SectionNumber | Course Title  | Day(s) | Time | Credit Hours |
| [ ]  | X | [ ]  | REG 101 | 02 | Introduction to Registration | Tues and Thurs | 8:00-8:30 | 1 |
| [ ]  | [ ]  | [ ]  |  |  |  |  |  |  |
| [ ]  | [ ]  | [ ]  |  |  |  |  |  |  |
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| [ ]  | [ ]  | [ ]  |  |  |  |  |  |  |

After reviewing my degree audit, academic plan/checklists and the College catalog, I have selected courses listed above for

the semester indicated. This is not an official registration form and is used primarily as an advising tool designed to help you plan and discuss your registration options.

 Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Advisor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_