



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
Total Credit Hours								

Alternate Courses

Course Fulfills (check box):								
Major/Minor	General Education	Elective	Course Prefix & Number	Section Number	Course Title	Day(s)	Time	Credit Hours

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 _____