

COURSE SELECTION FORM

Print all your selections in this section. Please include all course information. Be sure to include lab and testing sections.				This area is for use in your planning only.					
CRN	COURSE #	TITLE	CR	Hour	Monday	Tuesday	Wednesday	Thursday	Friday
				8					
				9					
				10					
				11					
				12					
				1					
				2					
				3					
				4					
				5					
				6					
				7					
				8					
				PRINT STUDENT NAME (LAST, FIRST):				STUDENT ID #:	
								TOTAL CREDITS:	
ALTERNATE COURSE SELECTIONS				Comments:					