

SCHEDULE PLANNING SHEET - FALL/SPRING

NAME: _____
 SOC. SEC. #: _____
 ELIGIBLE REGISTRATION DATE: _____

TERM: _____ PHONE #: _____
 MAJOR: _____ MINOR: _____
 E-MAIL ADDRESS: _____
 STUDENT SIGNATURE: _____

PRIMARY SCHEDULE					
Prefix	Number	Section	Hours	Call #	Counts for ____ requirement (<i>major, minor, humanities, etc.</i>)
<i>EX: TH A</i>	<i>1303</i>	<i>001</i>	<i>3</i>	<i>12345</i>	<i>Requirement for Major</i>

ALTERNATE COURSES					

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00-8:50	8:00-9:20	8:00-8:50	8:00-9:20	8:00-8:50
9:00-9:50	9:30-10:50	9:00-9:50	9:30-10:50	9:00-9:50
10:00-10:50	11:00-12:20	10:00-10:50	11:00-12:20	10:00-10:50
11:00-11:50	12:30-1:50	11:00-11:50	12:30-1:50	11:00-11:50
12:00-12:50	2:00-3:20	12:00-12:50	2:00-3:20	12:00-12:50
1:00-1:50	<i>EX: TH A 1303</i>	1:00-1:50	<i>EX: TH A 1303</i>	1:00-1:50
2:00-2:50	3:30-4:50	2:00-2:50	3:30-4:50	2:00-2:50
3:00-3:50	5:00-6:20	3:00-3:50	5:00-6:20	3:00-3:50
4:00-4:50	6:30-7:50	4:00-4:50	6:30-7:50	4:00-4:50
5:00-5:50	8:00-9:20	5:00-5:50	8:00-9:20	5:00-5:50
6:00-6:50	9:00-9:50	6:00-6:50	9:00-9:50	6:00-6:50
7:00-7:50		7:00-7:50		7:00-7:50
8:00-8:50		8:00-8:50		8:00-8:50
9:00-9:50		9:00-9:50		9:00-9:50

OFFICE USE ONLY

APPROVED: _____ (BFA/Dance Faculty) DATE: _____
 APPROVED: _____ (T&D General Advisor) DATE: _____