



SCHEDULE PLANNING SHEET - FALL/SPRING

*****You must complete this form in its ENTIRETY before meeting with Beth Scheckel!!!!*****

NAME: _____ TERM: _____ PHONE #: _____
 TECH ID #: R _____ MAJOR: _____ MINOR: _____
 ELIGIBLE REGISTRATION DATE: _____ E-MAIL ADDRESS: _____
 STUDENT SIGNATURE: _____

PRIMARY SCHEDULE					
SUBJect	CouRSE	SECTion	CREDits	CRN	Counts for ____ requirement (major, minor, humanities, etc.)
EX: EDSE	2300	008	3	12345	For Ind. or Group Behavior CORE

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		10:00-10:50		10:00-10:50
11:00-11:50	11:00-12:20	11:00-11:50	11:00-12:20	11:00-11:50
12:00-12:50	12:30-1:50	12:00-12:50	12:30-1:50	12:00-12:50
1:00-1:50		1:00-1:50		1:00-1:50
2:00-2:50	2:00-3:20	2:00-2:50	2:00-3:20	2:00-2:50
3:00-3:50	3:30-4:50	3:00-3:50	3:30-4:50	3:00-3:50
4:00-4:50		4:00-4:50		4:00-4:50
5:00-5:50	5:00-6:20	5:00-5:50	5:00-6:20	5:00-5:50
6:00-6:50	6:30-7:50	6:00-6:50	6:30-7:50	6:00-6:50
EX: EDSE 2300		EX: EDSE 2300		EX: EDSE 2300
7:00-7:50		7:00-7:50		7:00-7:50
8:00-8:50	8:00-9:20	8:00-8:50	8:00-9:20	8:00-8:50
9:00-9:50		9:00-9:50		9:00-9:50

OFFICE USE ONLY

APPROVED: _____ (BFA Faculty if applicable) DATE: _____
 APPROVED: _____ (T&D General Advisor) DATE: _____
 Hold Moved to: _____