

SCHEDULE PLANNING SHEET - SUMMER

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

NAME: _____ TERM: Sum. _____ PHONE #: _____

TECH ID #: R MAJOR: _____ MINOR: _____

ELIGIBLE REGISTRATION DATE: _____ E-MAIL ADDRESS: _____

STUDENT SIGNATURE: _____

PRIMARY SCHEDULE					
SUBJect	CouRSE	SECTion	CREDits	CRN	Counts for ____ requirement (<i>major, minor, humanities, etc.</i>)
EX:COMS	3358	001	3	12345	Oral Communication Requirement
ALTERNATE COURSES					

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00-9:50	8:00-9:50	8:00-9:50	8:00-9:50	8:00-9:50
10:00-11:50 EX: COMS 3358	10:00-11:50 EX: COMS 3358	10:00-11:50 EX: COMS 3358	10:00-11:50 EX: COMS 3358	10:00-11:50 EX: COMS 3358
12:00-1:50	12:00-1:50	12:00-1:50	12:00-1:50	12:00-1:50
2:00-3:50	2:00-3:50	2:00-3:50	2:00-3:50	2:00-3:50
4:00-5:50	4:00-5:50	4:00-5:50	4:00-5:50	4:00-5:50

OFFICE USE ONLY

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