

SCHEDULE PLANNING SHEET - SUMMER

NAME: _____ TERM: _____ PHONE #: _____

SOC. SEC. #: _____ MAJOR: _____ MINOR: _____

ELIGIBLE REGISTRATION DATE: _____ E-MAIL ADDRESS: _____

STUDENT SIGNATURE: _____

PRIMARY SCHEDULE					
Prefix	Number	Section	Hours	Call #	Counts for ____ requirement (<i>major, minor, humanities, etc.</i>)
<i>EX: COMS</i>	<i>3358</i>	<i>001</i>	<i>3</i>	<i>12345</i>	<i>Oral Communication Requirement</i>
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 <i>EX: COMS 3358</i>	10:00-11:50 <i>EX: COMS 3358</i>	10:00-11:50 <i>EX: COMS 3358</i>	10:00-11:50 <i>EX: COMS 3358</i>	10:00-11:50 <i>EX: COMS 3358</i>
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: _____