

MULTI-TERM REGISTRATION WORKSHEET

This is not an official registration form. This form is for advising and planning purposes only.

LAST NAME: _____

FIRST NAME: _____

STUDENT ID: _____

ACADEMIC YEAR: _____

EXPECTED GRAD TERM: _____

MAJOR: _____

MINOR: _____

CONC: _____

SEMESTER I SCHEDULE PLAN*

CRN	SUBJECT	COURSE	SECTION	CREDITS	DAYS/TIME	NOTES

TOTAL CREDIT HOURS: _____

SEMESTER II SCHEDULE PLAN*

CRN	SUBJECT	COURSE	SECTION	CREDITS	DAYS/TIME	NOTES

TOTAL CREDIT HOURS: _____

REGISTRATION CODE: _____

ACCESS TO ONLINE REGISTRATION DATE:
 _____ @ 7:00 A.M.

ADVISOR SIGNATURE: _____ **DATE:** _____

STUDENT SIGNATURE: _____ **DATE:** _____

