



Registration Worksheet

THIS FORM MUST BE COMPLETED BEFORE YOU MEET WITH YOUR ADVISOR
 (Advisor may require you to reschedule your appointment if this form is not complete)

Name: _____

Student ID #: _____

This is for: Fall Spring Year: _____

Major: _____

Consider...

- Are pre-requisites met? Does the schedule allow time for transitions between classes?
- Does the schedule allow time for lunch? Do you have a work or athletic schedule?

| Course Fulfills (check box): | | | Course Prefix & Number | Section Number | Course Title | Day(s) | Time | Credit Hours |
|--|--------------------------|--------------------------|------------------------|----------------|--------------|--------|---------------------------|--------------|
| Major*/Minor | General Educ. | Elective | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| *Major includes concentration & BA/BS requirements | | | | | | | Total Credit Hours | |

Alternate Courses

| Course Fulfills (check box): | | | Course Prefix & Number | Section Number | Course Title | Day(s) | Time | Credit Hours |
|------------------------------|--------------------------|--------------------------|------------------------|----------------|--------------|--------|------|--------------|
| Major*/Minor | General Educ. | Elective | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |

*Major includes concentration & BA/BS requirements

After reviewing my degree audit, academic plan/checklists, and the College catalog, I have selected courses listed above for the semester indicated. *This is not an official registration form and is used primarily as an advising tool designed to help you plan and discuss your registration options.*

Student Signature _____ Date _____

Advisor Signature _____ Date _____