



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 #: _____ My Catalog Year/4YP: _____

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):

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

*Major includes concentration & BA/BS requirements

Total Credit Hours	
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Alternate Courses

Course Fulfills (check box):

Major*/ Minor	General Educ.	Elective	Course Prefix & Number	Section Number	Course Title	Day(s)	Time	Credit Hours
<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 _____