Class Planning Sheet

Name/ID/Program: _____

	i 			
Semester:	Semester:	Semester:		
Course #1:	Course #1:	Course #1:		
Course #2:	Course #2: Course #2:			
Course #3:	rse #3: Course #3: Course #3			
Course #4:	Course #4:	Course #4:		
Course #5:	Course #5:	Course #5:		
Alternative:	Alternative:	Alternative:		
Semester:	Semester:	Semester:		
Course #1:	Course #1:	Course #1:		
Course #2:	Course #2:	Course #2:		
Course #3:	Course #3:	Course #3:		
Course #4:	Course #4:	Course #4:		
Course #5:	Course #5:	Course #5:		
Alternative:	Alternative:	Alternative:		
O COM: Updating catalog year? List program codes: Deleting Adding Keeping		O <u>TER</u> Program code: Institutions attended:		

Class Planning Sheet

Name/ID/Program:	

Γ	Monday	Tuesday	Wednesday	Thursday	Friday
8:30 - 9:45					
10:00 - 11:15					
11:30 - 12:45					
1:00 - 2:15					
2:30 - 3:45					
4:00 - 5:15					

	Additional Courses:
<u>F</u>	Faculty Advisor Info: