

COURSE SELECTION FORM

Print all your selections in this section. Please include all course information. Be sure to include lab and testing sections.				This area is for use in your planning only.					
CRN	COURSE #	TITLE	CR	Hour	Monday	Tuesday	Wednesday	Thursday	Friday
				8					
				9					
				10					
				11					
				12					
				1					
				2					
				3					
				4					
				5					
				6					
				7					
				8					

ALTERNATE COURSE SELECTIONS			
CRN	COURSE #	TITLE	CR

NAME: _____

STUDENT ID NUMBER: _____

COMMENTS: _____
