



# COURSE SELECTION FORM

Print <b>all</b> your selections in this section. Please include <b>all</b> 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: \_\_\_\_\_

\_\_\_\_\_