

Course Planning Worksheet

Student Name: _____ Student ID Number: _____

Term: _____ Registration Window: _____ Advising Code: _____

Preferred Class Schedule

CRN	Dept	Course	Section	Day/Time	S.H.	GEC/Notes

Alternate Courses

CRN	Dept	Course	Section	Day/Time	S.H.	GEC/Notes

Notes: _____

