## **COURSE SELECTION FORM**

Print <b>all</b> your se	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							
				PRINT STUDENT NAME (LAST, FIRST):				STUDENT ID#:			
									TOTAL CREDITS:		
	ALTERNATE	COURSE SELECTIONS									
				Comme	nts:						