### PRE - TRIAL SCHEDULE

**PLEASE PRINT**

**NAME:** ____________________________ **MAJOR:** ____________________________

**SOCIAL SECURITY NO. OR STUDENT ID:** ____________________________ **DAYTIME PHONE NUMBER:** ____________________________

<table>
<thead>
<tr>
<th>COURSE</th>
<th>SECTION NUMBER</th>
<th>COURSE TITLE</th>
<th>SEMESTER HOURS</th>
<th>TIME</th>
<th>DAY</th>
<th>ROOM NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXAMPLE:</td>
<td></td>
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</tr>
<tr>
<td>ACCT 2401</td>
<td>100</td>
<td>Principles of Accounting I - Financial</td>
<td>4</td>
<td>9:30 am -</td>
<td>TR</td>
<td>VERS408</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td>10:50am</td>
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</tr>
</tbody>
</table>

Fall (16 week) August 22, 2016 - December 9, 2016

Fall I (8 week) August 22, 2016 - October 12, 2016

Fall II (8 week) October 17, 2016 - December 9, 2016

**TOTAL SEMESTER HOURS**

**DON’T FORGET TO PAY! IF COMING TO STAND IN LINE AT REGISTRATION, BRING THIS FORM WITH YOU**