*******THIS IS A DRAFT TRIAL SCHEDULE – PLEASE USE THIS FORM TO PLAN YOUR CLASS SCHEDULE******* YOU MUST SUBMIT THIS PRE-TRIAL SCHEDULE TO THE STUDENT SERVICES OFFICE IF YOU ARE NOT COLLEGE READINESS CLEAR

PRE – TRIAL SCHEDULE

PLEASE PRINT

NAME:_____

MAJOR:_____

SOCIAL SECURITY #: _____

DAYTIME PHONE NUMBER: _____

COURSE SECTION NUMBER EXAMPLE: COSC 1301 190 M		COURSE TITLE	SEMESTER HOURS	TIME	DAY MTWR	ROOM NUMBER
		Microcomputer Applications	3	9:30 am- 11:45am		
				i ii iouiii		
FALL 16 WEEK A	UG 21 – DEC	8, 2010				
FALL I – 8 WEEK	L AUG 21 – C	OCT 13, 2010				
FALL II – 8 WEEK	<u>OCT 16 – DE</u>	C 8, 2010		1		1
	1					
	1	TOTAL SEMESTER				

TOTAL SEMESTER HOURS

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

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PRE – TRIAL SCHEDULE

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DAYTIME PHONE NUMBER: _____

COURSE	SECTION NUMBER	C	COURSE TITLE	SEMESTER HOURS	TIME	DAY	ROOM NUMBER
EXAMPLE:					9:30 am-		
COSC 1301	190	Microcomputer	Applications	3	11:45am	MTWR	VER S428
FALL 16 WEEK A	UG 21 – DEC	8, 2010		1	Γ	•	
FALL I – 8 WEEK	AUG 21 – C	OCT 13, 2010					•
FALL II – 8 WEEK	<u> OCT 16 – DE</u>	C 8, 2010					
			TOTAL SEMESTER HO	DURS			

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