

**\*\*\*\*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	COURSE TITLE	SEMESTER HOURS	TIME	DAY	ROOM NUMBER
<b>EXAMPLE:</b> <b>BIOL 2402</b>	<b>146</b>	<b>Anatomy and Physiology II*</b>	<b>4</b>	<b>9:00 am - 9:50 am</b>	<b>MWF</b>	<b>VER B303</b>
<b>SPRING 16-WEEK - January 15 – May 11</b>						
<b>SPRING I 8-WEEK January 15- March 9</b>						
<b>SPRING II 8-WEEK March 19- May 11</b>						

TOTAL SEMESTER HOURS	
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**DON'T FORGET TO PAY! IF COMING TO STAND IN LINE @ REGISTRATION, BRING THIS FORM WITH YOU!**

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