

Course selection form

Student ID number _____ Name _____ Major _____

Academic Year _____ Anticipated Grad Date: *Mo.* _____ *Yr.* _____

Fall semester course registration

May be changed by drop/add processing at beginning of fall semester

Course ID	Section	Course title	Cr. Hrs.	Time period
Total credit hours				Maximum 16 hrs. (full time is 12-16 hours)

Spring semester, May term and summer session advance course selection

Preselection of courses: to be reviewed and adjusted in August, December and/or April

Spring semester

Course ID	Section	Course title	Cr. Hrs.	Time period
Total credit hours				Maximum 16 hrs. (full time is 12-16 hours)

May term

Course ID	Section	Course title	Cr. Hrs.	Time period
Total credit hours				Maximum 4 hrs. (full time is 3-4 hours)

Summer session

Course ID	Section	Course title	Cr. Hrs.	Time period
Total credit hours				Maximum 8 hrs. (full time is 3-4 hours per session)

Advisor Signature: _____ Processed (Registrar's Office) _____