

STUDENT ID
STUDENT NAME (Last, First, M.I.)

PROGRAM (School)
PLAN (Major)

FALL	YEAR
SPRING	_____
SUMMER	_____

**COURSES TO BE ADDED:**

Class Number	Subject	Catalog Number	Units	*Days	*Time	*Bldg/Room	Variable Credits?

**COURSES TO BE DROPPED:**

Class Number	Subject	Catalog Number	Units

\*SUBJECT TO CHANGE - Please check your schedule on-line for the most up-to-date information.

**ALTERNATE COURSES:**


TOTAL UNITS \_\_\_\_\_

The student, by signing below, hereby agrees and promises to pay the University all tuition and fees resulting from this registration.	
STUDENT'S SIGNATURE	ADVISOR'S SIGNATURE
DATE	DATE