

Course Selection Form

ID Number (please print)	Last Name, First, Middle Initial	Year/ Semester	Class
--------------------------	----------------------------------	----------------	-------

#	Department	Course Number	Section	Day(s)	Time(s)	Credit/Audit	Signatures (if required)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							Alternate course
9.							Alternate course
10.							Alternate course

Senior Thesis Only				
Dept	Course Number	Credits	Thesis Director's Signature	Department Chair's Signature

Independent Study Only					
Dept	Course Number	Credits	Title	Instructor's Signature	Department Chair's Signature

Do you plan to be full-time or part-time?

Student signature _____

Date _____

Cum G.P.A _____

Adviser signature _____

Date _____

Adviser Verification Credit Limit. _____ (Initial)

FOR SAS USE ONLY
Date _____
Staff _____