

First-Year Course Selection Form

ID Number (please print)

Last Name, First, Middle Initial

Year/ Semester

If you have decided upon a program of study, please indicate it here: _____

	Department	Fall Course Number	Section	Day(s)	Time(s)	Credit/Audit	Signatures (if required)
1.	English					3	
2.	Connections	FYE 134				0	
3.	Frontiers					3	
4.	Language or Elective						
5.	Elective						
6.	Alternative selections						

Student signature

Date

Adviser signature

Date

FOR SAS USE ONLY	
_____ Date	_____ Staff