**TRIAL SCHEDULE**

Semester:       Advisor:

Classification:  Status:

Cum GPA:       Expected Graduation**:**

EEE Date Taken:       EEE Score:

**Name:**       `             **T #:**

 **LAST FIRST M. I.**

**Local Address:**

 **Street City & State ZIP**

**Permanent Address:** **[ ]  (Check if same as above)**

**Street City & State ZIP**

**Phone:**       **Cell:**       **E-mail:**

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| **COURSE NO.** |  **CREDIT HOURS** | **COURSE NAME** |  **PRE & COREQUISITES** |
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**PLEASE COMPLETE THIS FORM IN ITS ENTIRETY**

**TOTAL HOURS:**

**SUGGESTED COURSES FOR NEXT SEMESTER. YOU MUST SEE YOUR ADVISOR PRIOR TO REGISTRATION.**

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| --- | --- | --- | --- |
| **COURSE NO.** |  **CREDIT HOURS** | **COURSE NAME** |  **PRE & COREQUISITES** |
|       |       |       |       |
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**TOTAL HOURS:**

I certify that I have passed the prerequisites for all the courses that are listed above with a grade of “C” or better. I further certify that I have met all other applicable requirements and the information on the form is true. In case I do not have the proper grades in the prerequisite course(s), I will voluntarily withdraw from the course(s) before the due date. I have been advised to seek approval of any changes in the above schedule.

**STUDENT’S SIGNATURE:**       **DATE:**

**ADVISOR’S SIGNATURE:**       **DATE:**