

REGISTRATION FORM

Name: _____ RUID: _____

School: _____ Class: _____ Major: _____ Year/Term: _____

COURSE NAME	COURSE NUMBER	INDEX NUMBER

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00-8:55	8:00-9:20	8:00-8:55	8:00-9:20	8:00-8:55
9:05-10:00	9:30-10:50	9:05-10:00	9:30-10:50	9:05-10:00
10:10-11:05		10:10-11:05		10:10-11:05
11:15-12:10	11:00-12:20	11:15-12:10	11:00-12:20	11:15-12:10
12:10-1:10 College Period	12:20-1:30 College Period	12:10-1:10 College Period	12:20-1:30 College Period	12:10-1:10 College Period
1:20-2:40	1:30-2:50	1:20-2:40	1:30-2:50	1:20-2:40
2:50-4:10	3:00-4:20	2:50-4:10	3:00-4:20	2:50-4:10
4:20-5:40	4:30-5:40	4:20-5:40	4:30-5:40	4:20-5:40
6:00-7:20	6:00-7:20	6:00-7:20	6:00-7:20	6:00-7:20
7:30-8:50	7:30-8:50	7:30-8:50	7:30-8:50	7:30-8:50

Comments _____

Advisor's Signature: _____ Date: _____