

Course Registration Worksheet

Name _____ Semester _____

Dept. Abbr.	Course No.	CRN	Course Title	Hrs.	Course Location

Weekly Schedule

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8:00					
9:00					
10:00					
11:00					
12:00					
1:00					
2:00					
3:00					
4:00					
5:00					
Evening					