

Student Name: _____ Date: _____

Schedule Planning Form

Student Acknowledgement: I understand that this suggested schedule does not guarantee me a seat in the classes listed below. After registration, it is my responsibility to verify my schedule on the student portal. I am aware that I will be financially responsible for any courses not dropped from my schedule, and that I will receive a failing grade for any courses not dropped or withdrawn from my schedule. I understand that it is my responsibility to ensure that I meet the departmental academic requirements of my program and to consult with my advisor as needed.

Signature of Student: _____

Signature of Advisor: _____

SCHEDULE PLAN # A

Suggested Schedule for _____ (term) Registration

CRN#	Dept	Type	Course Name	Days	Time	Credit Hours

Anticipated Graduation Date: _____

SCHEDULE PLAN # B

Suggested Schedule for _____ (term) Registration

CRN#	Dept	Type	Course Name	Days	Time	Credit Hours

If you have issues registering, please contact the Office of the Registrar at:

registrar@aultmancollege.edu