

2nd YEAR STUDENT - SCHEDULE REQUEST FORM

Summer 2012

Graduation Year: _____

Student No. _____

Full Name: _____

If your address, telephone number or email has changed, please mark "new" below so your records can be updated.

Address
(city, state, zip): _____

NEW

E-mail Address _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

List the courses you would like to select in this area. Be sure to indicate the total units selected.

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TOTAL UNITS SELECTED:
(maximum of 10 units)

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	Monday	Tuesday	Wednesday	Thursday	Use if taking a 2 nd class on the same evening
Course Name	_____	_____	_____	_____	_____
Course Number	_____	_____	_____	_____	_____
Units	_____	_____	_____	_____	_____

Please fill in the entire form indicating the courses you would like to take and return to Tracy or Kadee no earlier than **9:00am Monday, March 19, 2012** and no later than **4:00pm Friday, March 23, 2012**.

Incomplete forms will not be accepted. At that time schedule an appointment to register with Accounting.

THERE WILL BE A \$40 LATE FEE FOR FAILURE TO COMPLETE REGISTRATION BY MEETING WITH ACCOUNTING BY 4:00PM FRIDAY, APRIL 6, 2012.

If you cannot keep your scheduled appointment with Accounting, please call Kadee or Tracy to reschedule.