

# 3<sup>rd</sup> 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. ⇒ ⇒ ⇒ ⇒

**TOTAL UNITS SELECTED:**  
(maximum of 10 units)

	Monday	Tuesday	Wednesday	Thursday	Use if taking a 2 <sup>nd</sup> class on the same evening.	<b>Clinical Education</b>
Course Name	_____	_____	_____	_____	_____	<ul style="list-style-type: none"> <li>•No. of Clin Ed. Units: _____</li> <li>•Where you are doing Clinical Ed. _____</li> <li>•There will be a <b>mandatory</b> Clin Ed Meeting on <b>Date: Tues. May 1<sup>st</sup> from 5:00-6:00 p.m.</b></li> <li>•Room <b>TBA</b></li> </ul>
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.