

4th 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 nd class on the same evening.	Clinical Education
Course Name	_____	_____	_____	_____	_____	<ul style="list-style-type: none"> •No. of Clin Ed. Units: _____ •Where you are doing Clinical Ed. _____ •There will be a mandatory Clin Ed Meeting on Date: Tues. May 1st from 5:00-6:00 p.m. •Room TBA
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.