

COURSE SCHEDULING FORM

Student Name _____ ID # _____ Date _____

Please list the course name, course number, and time for each course in which you wish to enroll on this form. The course schedules can be accessed at www.defiance.edu/registrar/schedule-catalog. Click on Fall or Spring course schedule, click on "Course Schedule Report (Select Term)", enter the following for each term:

Summer 2017 Year "2016-2017" Term "Summer Session"
 Fall 2017 Year "2017-2018" Term "Fall Semester"
 Spring 2018 Year "2017-2018" Term "Spring Semester"

SUMMER 2017

Course #	Section	Credit Hrs	Class Days/Time
<u>Example:ENGL125</u>	<u>C</u>	<u>3</u>	<u>MWF 2-2:50 PM</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Summer Hours: _____

FALL 2017

Course #	Section	Credit Hrs	Class Days/Time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Fall Hours: _____

SPRING 2018

Course #	Section	Credit Hrs	Class Days/Time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Spring Hours: _____

College Credit Plus Adviser's signature _____