

SCHEDULING SHEET

Student Name _____ Student Number _____

FIRST SEMESTER OR SUMMER I

Course Number	Section	Credit Hrs	Class Time	Star(*)courses that conflict
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SECOND SEMESTER OR SUMMER II

Course Number	Section	Credit Hrs	Class Time	Star(*)courses that conflict
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Note about conflicts: Only schedule courses that conflict in time if you **must** take both courses in the semester. **Star the courses that conflict.** We will try to resolve conflicts after the scheduling period is over. **Do not star courses that you have already resolved the conflict with the instructor.**

Independent studies will not be added to a student's schedule until approved independent study forms are submitted to the Registrar's Office. Independent study forms can be obtained in the Registrar's Office or printed from the DC website under Registrar's Office.

Adviser's signature _____

Overload approval (over 17 hours)- see Beverly Harrington, Serrick Ctr 204 _____