



Registration Worksheet

Name: _____ Student Number: _____

Date: _____ e-mail or daytime phone: _____

CRN	Course No.	Sec	Title	Days	Times	Cred. Hrs
<i>Example 75716</i>	<i>ARCH 2110</i>	<i>01</i>	<i>Bldg & Thinking Arch I</i>	<i>T R</i>	<i>10-11:50</i>	

Alternate courses:

Time	Mon	Tue	Wed	Thu	Fri	Time
8						8
9						9
10						10
11						11
12						12
1						1
2						2
3						3

Registration Worksheet

4						4
5						5
6						6