Trial Study

Semester: ☐ Spring ☐ Summer ☐ Fall YEAR: _____

CWID:_____ Name (please print - last, first, middle): _____

CID Number (5 digits)	Course Prefix (2-4 letters)	Course Number (4 digits)	Section Number (3 digits)	Credit Hours	M	T	W	R	F	S	
			Total Credit Hours								

Should the original courses and alternates requested become unavailable to the student, then the following courses may be substituted (List courses below):

_____

_____

STUDENT SIGNATURE Date ADVISER SIGNATURE Date

Notes:

MONDAY (M)	TUESDAY (T)	WEDNESDAY (W)	THURSDAY (R)	FRIDAY (F)
7:30-8:20	7:30-8:45	7:30-8:20	7:30-8:45	7:30-8:20
8:30-9:20	9:00-10:15	8:30-9:20	9:00-10:15	8:30-9:20
9:30-10:20		9:30-10:20		9:30-10:20
10:30-11:20	10:30-11:45	10:30-11:20	10:30-11:45	10:30-11:20
11:30-12:20		11:30-12:20		11:30-12:20
12:30-1:20	12:30-1:45	12:30-1:20	12:30-1:45	12:30-1:20
1:30-2:20	2:00-3:15	1:30-2:20	2:00-3:15	1:30-2:20
2:30-3:20		2:30-3:20		2:30-3:20
3:30-4:20	3:30-4:45	3:30-4:20	3:30-4:45	3:30-4:20
4:30-5:20	Evening	4:30-5:20	Evening	4:30-5:20
Evening		Evening		Evening