

Course Selection Sheet

PRESS FIRMLY

SSN/ID #: _____ Last Name: _____ First: _____ MI: _____
 Total Credits Earned _____ Mo/Yr _____
 in Transfer & at MU: _____ Expected Graduation: _____ Major: _____ Specialization: _____

1. First Choice
 Alternate

Course Prefix	Course Number	Section Number	Meeting Times	Credits

2. First Choice
 Alternate

Course Prefix	Course Number	Section Number	Meeting Times	Credits

3. First Choice
 Alternate

Course Prefix	Course Number	Section Number	Meeting Times	Credits

4. First Choice
 Alternate

Course Prefix	Course Number	Section Number	Meeting Times	Credits

5. First Choice
 Alternate

Course Prefix	Course Number	Section Number	Meeting Times	Credits

6. First Choice
 Alternate

Course Prefix	Course Number	Section Number	Meeting Times	Credits

7. First Choice
 Alternate

Course Prefix	Course Number	Section Number	Meeting Times	Credits

8. First Choice
 Alternate

Course Prefix	Course Number	Section Number	Meeting Times	Credits

9. First Choice
 Alternate

Course Prefix	Course Number	Section Number	Meeting Times	Credits

10. First Choice
 Alternate

Course Prefix	Course Number	Section Number	Meeting Times	Credits

11. First Choice
 Alternate

Course Prefix	Course Number	Section Number	Meeting Times	Credits

12. First Choice
 Alternate

Course Prefix	Course Number	Section Number	Meeting Times	Credits

13. First Choice
 Alternate

Course Prefix	Course Number	Section Number	Meeting Times	Credits

14. First Choice
 Alternate

Course Prefix	Course Number	Section Number	Meeting Times	Credits

To carry 19 credits or more refer to current policy in college catalog

Total Credits _____

Please Verify Your Home Address:

Street _____

City _____ State _____ Zip _____

Student's Signature _____ Date _____

Advisor's Signature _____ Date _____

* A forged signature will result in the cancellation of registration and university disciplinary action.

WHITE-Enrollment Services

YELLOW-DEPARTMENT

PINK-STUDENT