

STUDENT DRAFT REGISTRATION FORM

NAME _____ STUDENT I.D # _____ CURRENT GRADE _____

ADVISOR _____ GUIDANCE COUNSELOR _____

Please retain this planning form for your record of courses selected. You should register for seven courses per semester and include alternatives when required. (See back for courses requiring alternatives.)

FIRST SEMESTER

<u>Course No.</u>	<u>Course Name</u>	If applicable, <u>Alternate Course No.</u>	<u>Course Name</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____

SECOND SEMESTER

<u>Course No.</u>	<u>Course Name</u>	If applicable, <u>Alternate Course No.</u>	<u>Course Name</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____