MOUNT ALOYSIUS COLLEGE SCHEDULE PLANNING FORM

Students must meet with their advisors to plan their schedules.
Special circumstances may require the student to get an instructor or advisor's signature and complete the registration at the Registrar's Office.

DATE: *m/d/yy* _____ **MOUNT ALOYSIUS COLLEGE ID NUMBER:** _____

NAME: _____
(first name) *(middle initial)* *(last name)*

MAJOR: _____ ☐ **FALL** ☐ **WINTER** ☐ **SPRING** ☐ **SUMMER** _____ *(Year)*

STATUS: ☐ Associate Degree ☐ Bachelor Degree ☐ Master Degree

Course Number	Course Title	Days (M-Tu-W-Th-F)	Beginning Time (00:00 AM or PM)	Ending Time (00:00 AM or PM)	Credits	Special Circumstances (Place an I or O below, if a course has special circumstances)
Total Credits:						

Special Circumstances: ***(****Please check all that apply and place the corresponding letter code above.)*

☐ **Instructor Permission (I):** Certain courses require the instructor's permission to register for the course. Students must obtain the instructor's signature. S*tudents must go to the Registrar's Office and present this signed form, to register for a course requiring the instructor permission.*

Instructor's Signature: _____

☐ **Advisor Permission to Take GCE or Online Courses (A):** GCE (Graduate and Continuing Education courses) are primarily for GCE students. Regular on-campus students wishing to take these courses must obtain their advisor's signature on this form, indicating the advisor's permission to register for these courses. S*tudents must go to the Registrar's Office and present this signed form, to register for a course requiring the advisor's permission.*

Advisor's Signature: _____

☐ **Other (O):** Student was unable to enter the course due to time conflict or pre-requisite or co-requisite needed. *Students must go to the Registrar's Office to register for a conflicting course or a course dropped in error.*

Instructor's Signature: _____

Revised 6/1/2011