

Cleared by:
Date:

JSU PSYCHOLOGY TRIAL SCHEDULE *rev. 10/14/13*

SEMESTER YEAR

STUDENT NUMBER

EMAIL:

NAME

Last First Middle

CRN	Dept	#	Sec	Course Title	Credit Hours	Hours From-To	M	T	W	R	F	Instructor	Room/ Bldg

TOTAL APPROVED HOURS:

ALTERNATIVE COURSES

CRN	Dept	#	Sec	Course Title	Credit Hours	Hours From-To	M	T	W	R	F	Instructor	Room/ Bldg

By electronically submitting this document, I affirm my understanding of Jacksonville State University’s registration and payment procedures. Furthermore, I assume responsibility for reviewing the requirements outlined in the JSU Catalog and monitoring my progress with respect to these requirements.

Adviser Note :

Adviser's Signature Date