



Course Planning Worksheet

Name _____ Student ID or last four of SSN _____

Program of Study _____ Fall Spring Summer

Selection	Course	Section Number	Days	Time	Credit Hours
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 AM					
9:00 AM					
10:00 AM					
11:00 AM					
12:00 PM					
1:00 PM					
2:00 PM					
3:00 PM					
4:00 PM					
5:00 PM					
6:00 PM					