

COLLEGE OF MOUNT SAINT VINCENT

Student ID# _____ Name: _____ Major: _____ Cell # _____ Student Signature _____	Semester: FA SP WI SU 20 _____ Date: _____ Total Credits: _____ Advisor Signature _____
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ADVISEMENT & REGISTRATION

CRN #	COURSE NO. & TITLE	CREDITS	NOTES
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____

MON	TUE	WED	THUR	FRI	SAT
8:30 – 9:20	8:30 - 9:20	8:30 - 9:45	8:30 - 9:20	8:30 - 9:45	
9:30 - 10:20	9:30 - 10:20		9:30 - 10:20	10:00 - 11:15	
10:30 - 11:20	10:30 - 11:20		10:30 - 11:20	10:00 - 11:15	
11:30 - 12:45	11:30 - 12:20	11:30 - 12:45	11:30 - 12:20	11:30 - 12:20	
	12:30 - 1:20		12:30 - 1:20	12:30 - 1:20	
1:00 - 2:15	1:30 - 2:20	1:00 - 2:15	1:30 - 2:20	1:30 - 2:20	
2:30 - 3:45	2:30 - 3:45	2:30 - 3:45	2:30 - 3:45		

ALTERNATE COURSES

CRN #	COURSE NO. & TITLE	CREDITS	NOTES
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____