

UNIVERSITY OF MOUNT SAINT VINCENT

Student ID#: _____ Name: _____ Major: _____ Student Signature: _____	Semester: Fall Spring 20__ Date: _____ Advisor Signature: _____
---	--

ADVISEMENT & REGISTRATION

CRN #	COURSE NUMBER AND TITLE	CREDITS	NOTES
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

Monday	Tuesday	Wednesday	Thursday	Friday
8:00 - 8:55 A	8:00 - 8:55 A	8:00 - 9:25 K	8:00 - 8:55 A	8:00 - 9:25 K
9:05 - 10:00 B	9:05 - 10:00 B		9:05 - 10:00 B	9:35 - 11:00 L
10:10 - 11:05 C	10:10 - 11:05 C	9:35 - 11:00 L	10:10 - 11:05 C	
11:15 - 12:40 D	11:15 - 12:10 G	11:15 - 12:40 D	11:15 - 12:10 G	11:15 - 12:10 G
12:50 - 2:15 E	12:20 - 1:15 H		12:50 - 2:15 E	12:20 - 1:15 H
	1:25 - 2:20 I	1:25 - 2:20 I		1:25 - 2:20 I
2:30 - 3:55 F	2:30 - 3:55 J	2:30 - 3:55 F/R	2:30 - 3:55 J	2:30 - 3:55 R
4:05 - 5:30 M	4:05 - 5:30 S	4:00 - 6:00 activity	4:05 - 5:30 M/S	4:00 - 6:00 activity
5:30 - 6:00 activity	5:30 - 6:00 activity		5:30 - 6:00 activity	
6:00 - 8:45 N	6:00 - 8:45 O	6:00 - 8:45 P	6:00 - 8:45 Q	
6:00 - 7:25 NP	6:00 - 7:25 OQ	6:00 - 7:25 NP	6:00 - 7:25 OQ	

ALTERNATE COURSES

CRN #	COURSE NUMBER AND TITLE	CREDITS	NOTES
1. _____	_____	_____	_____
2. _____	_____	_____	_____