

UNIVERSITY OF DALLAS
Fall 2019 Course Planning Sheet

Last Name **First Name** **Middle** **Banner ID Number** **Major**

Class: Senior Junior Sophomore Freshman Non-Degree Special Graduate **Expected Graduation:** Spring Summer Fall Year: _____

With your advisor's advice and approval, fill in your planned schedule. You will need your Alt Pin to register. Indicate AUDIT courses with an X in the audit box and 0 under semester hours.

CRN	Dept	Course No.	Sec	Audit	Course Title	Professor	Circle Days	Time	Sem Hrs*
							M Tu W Th F		
							M Tu W Th F		
							M Tu W Th F		
							M Tu W Th F		
							M Tu W Th F		
							M Tu W Th F		
							M Tu W Th F		
							M Tu W Th F		
							M Tu W Th F		
								Total Credit Hours	

Spring 2020
Future Term Plans

Dept	Course No.	Course Title	Sem Hrs*

Student Signature & Date

Advisor's Signature & Date