

Trial Schedule _____ (semester)

Dept.	Number	Course Title	CRN	Hours	Prereqs met?	Overrides Required
_____	_____	_____	_____	_____	Y / N	_____
_____	_____	_____	_____	_____	Y / N	_____
_____	_____	_____	_____	_____	Y / N	_____
_____	_____	_____	_____	_____	Y / N	_____
_____	_____	_____	_____	_____	Y / N	_____
_____	_____	_____	_____	_____	Y / N	_____
_____	_____	_____	_____	_____	Y / N	_____
_____	_____	_____	_____	_____	Y / N	_____
_____	_____	_____	_____	_____	Y / N	_____
Total Hours				_____		
Questions for my advisor: _____ _____ _____ _____						
Special Instructions from my advisor: _____ _____ _____						