

JACKSONVILLE STATE UNIVERSITY

TRIAL SCHEDULE/REGISTRATION FORM

STUDENT NUMBER _____

YEAR _____

NAME _____

LAST FIRST MIDDLE

MAILING ADDRESS _____

TELEPHONE NUMBER _____

CITY STATE ZIP CODE

CRN#	Dept	Course Number	Section	Course Title Term	Hours From- To	M	T	W	R	F	S	Hours Credit	Instructor	Room/Bldg

												TOTAL	APPROVED HOURS	
CRN#	Dept	Course Number	Section	Course Title Term	Hours From- To	M	T	W	R	F	S	Hours Credit	Instructor	Room/Bldg

CRN#	Dept	Course Number	Section	Course Title Term	Hours From- To	M	T	W	R	F	S	Hours Credit	Instructor	Room/Bldg

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CRN#	Dept	Course Number	Section	Course Title Term	Hours From- To	M	T	W	R	F	S	Hours Credit	Instructor	Room/Bldg

INSTRUCTIONS:

- 1) Prepare trial schedule with desired courses. You may only register for 7 hrs per term and no more than 21 hrs total.
- 2) See advisor for approval of trial schedule (must obtain signature of advisor).
- 3) You may register at my.jsu.edu

I AFFIRM MY UNDERSTANDING OF THE REGISTRATION AND PAYMENT PROCEDURES OF JACKSONVILLE STATE UNIVERSITY

SIGNATURE OF ADVISOR DATE

SIGNATURE OF STUDENT DATE

Processed By _____ Date _____ Do Not Write Here
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