

TOUGALOO COLLEGE OFFICE OF RECORDS

APPROVED TRIAL SCHEDULE & COURSE REQUEST FORM

Semester: (check) Fall _____ Spring _____ Summer _____
 Year _____ Date _____
 ID Number _____ Name _____ Major _____ Classification _____
First Name MI Last Name

INSTRUCTIONS:

Be sure there are no conflicts with time or days and that the required prerequisites have been taken. Laboratory classes must be recorded separately from the corresponding lectures. In case of closed classes, optional selections should be listed at the bottom of this form (Lines 8-10). *Requests for overloads (over 18 semester hours) must be approved by the Vice President for Academic Affairs.

Dept Code	Course No	Section	Course Title	Credit Hours	Begin Time	End Time	Days	Meeting Location	Instructor
Optional Course Selections – Closed Classes									
Total Credit Hours									

I hereby acknowledge the above listed courses have been recommended by my advisor and by signing this document, I concur with the recommendations. I further acknowledge that it is my responsibility to complete my course selection by logging onto The Loo and entering the schedule as listed without modification, deletion or amendment, within 48 hours. Courses appearing on my permanent schedule are contingent upon the successful completion of my currently enrolled courses. If I fail to earn the required grade, I must consult with my advisor and adjust my schedule accordingly.

Advisor’s Name (Print) _____ Student’s Signature _____

Advisor’s Signature _____ *Vice President for Academic Affairs _____
 (*Required for Overload Hours 19 or above)