

REGISTRATION INFORMATION FOR TERM:

#	Course Title	CRN Course Reference No.	Course (Dept.-Number)	Sec.	Cr. Hrs	Activity (Lec/Lab)	Start Time	End Time	Week Days	Building
1			-							
2			-							
3			-							
4			-							
5			-							
6			-							
7			-							
8			-							
9			-							

Student: _____

ANIMAL SCIENCES PRE-REGISTRATION Schedule Planning

WINDOW SCHEDULE FOR TERM:

Time	MON (M)	TUE (T)	WED (W)	THU (R)	FRI (F)
7:00					
8:00					
9:00					
10:00					
11:00					
Noon					
1:00					
2:00					
3:00					
4:00					
5:00					
6:00					
7:00					
8:00					

BACK-UP WINDOW SCHEDULE:

Time	MON (M)	TUE (T)	WED (W)	THU (R)	FRI (F)
7:00					
8:00					
9:00					
10:00					
11:00					
Noon					
1:00					
2:00					
3:00					
4:00					
5:00					
6:00					
7:00					
8:00					