

# JACKSONVILLE STATE UNIVERSITY

## TRIAL SCHEDULE/REGISTRATION FORM

### SECONDARY EDUCATION

NAME \_\_\_\_\_  
LAST FIRST MI

SEMESTER SUMMER YEAR \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

STUDENT ID NUMBER \_\_\_\_\_

CITY STATE ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

PRIORITY REGISTRATION DATE: \_\_\_\_\_

PIN \_\_\_\_\_

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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**INSTRUCTIONS:**

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

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

\_\_\_\_\_  
SIGNATURE OF ADVISOR

\_\_\_\_\_  
SIGNATURE OF STUDENT

\_\_\_\_\_  
DATE OF ADVISEMENT

Processed by _____ Date _____ <b>Do Not Write In This Space</b>
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