

JACKSONVILLE STATE UNIVERSITY

TRIAL SCHEDULE/REGISTRATION FORM

SECONDARY EDUCATION

NAME _____
LAST FIRST MI

SEMESTER _____ YEAR _____

MAILING ADDRESS _____

STUDENT ID NUMBER _____

CITY STATE ZIP CODE _____

PHONE NUMBER _____

PIN _____

PRIORITY REGISTRATION DATE: _____

TEP ELIGIBLE Y N UNDERGRAD-CLASS B GRADUATE-ALT-A GRADUATE-CLASS A

CRN	Dept	Course Number	Section	Course Title	Meeting Times	M	T	W	R	F	S	Credit Hours	Instructor	Room/Bldg
TOTAL													APPROVED HOURS	

ALTERNATE COURSES

CRN	Dept	Course Number	Section	Course Title	Meeting Times	M	T	W	R	F	S	Credit Hours	Instructor	Room/Bldg

INSTRUCTIONS:

- Prepare trial schedule with desired courses and alternates.
- See advisor for approval of trial schedule (must obtain signature of advisor).
- Register for approved courses at my.jsu.edu.

ADVISED TO TAKE:	DATE ADVISED:	COMPLETED:
Praxis Content (Voucher Request provided by academic advisor.)		

I AFFIRM MY UNDERSTANDING OF THE REGISTRATION

AND PAYMENT PROCEDURES OF JACKSONVILLE STATE UNIVERSITY.

GPA _____ EARNED HOURS _____

SIGNATURE OF ADVISOR

SIGNATURE OF STUDENT

DATE OF ADVISEMENT

Processed by _____ Date _____ Do Not Write In This Space
