

Cleared by:

Date:

JAX STATE PSYCHOLOGY TRIAL SCHEDULE rev. 10/2/24

SEMESTER YEAR

STUDENT NUMBER

EMAIL:

NAME

Last

First

Middle

CRN	Dept	#	Sec	Course Title	Credit Hours	Hours From-To	M	T	W	R	F	Instructor	Room/Bldg

TOTAL APPROVED HOURS:

ALTERNATIVE COURSES

CRN	Dept	#	Sec	Course Title	Credit Hours	Hours From-To	M	T	W	R	F	Instructor	Room/Bldg

By electronically submitting this document, I affirm my understanding of Jacksonville State University's registration and payment procedures. Furthermore, I assume responsibility for reviewing the requirements outlined in the Jax State Catalog and monitoring my progress with respect to these requirements.

Adviser Note :

Adviser's Signature

Date