

PROPOSED SCHEDULE FORM

LAKE ERIE COLLEGE

391 WEST WASHINGTON STREET PAINESVILLE, OHIO 44077 (440) 375-7010

Students: Complete and take this form with you to your advising session with your faculty advisor.
You must have faculty advisor clearance to register.

Advisors: Have you and your advisee sign this form once you have decided on a schedule for the upcoming semester.

NOTE: This is not an official registration form and should only be kept as part of your advising records.

PLEASE PRINT

Student Name	Student I.D.	Semester/Year	
Courses:			
_____	_____	_____	_____
Course Number and Title	Days	Time	# of Credit Hours
_____	_____	_____	_____
Course Number and Title	Days	Time	# of Credit Hours
_____	_____	_____	_____
Course Number and Title	Days	Time	# of Credit Hours
_____	_____	_____	_____
Course Number and Title	Days	Time	# of Credit Hours
_____	_____	_____	_____
Course Number and Title	Days	Time	# of Credit Hours
			Total # of Credit Hours

Alternative Courses:

_____	_____	_____	_____
Course Number and Title	Days	Time	# of Credit Hours
_____	_____	_____	_____
Course Number and Title	Days	Time	# of Credit Hours
_____	_____	_____	_____
Course Number and Title	Days	Time	# of Credit Hours

Student Signature

Date

Advisor Signature

Date