

**JACKSONVILLE STATE UNIVERSITY**

# TRIAL SCHEDULE/REGISTRATION FORM

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

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

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

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

**TELEPHONE NUMBER**\_\_\_\_\_

CITY	STATE	ZIP CODE
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[illegible]TOTAL  APPROVED HOURS

### ALTERNATE COURSES

[illegible]

**INSTRUCTIONS:**

- 1) Prepare trial schedule with desired courses and alternates.
- 2) See advisor for approval of trial schedule (must obtain signature of advisor).
- 3) Present your signed trial registration form to the department secretary for "Alternate Pin" removal
- 4) You may register at [my.jsu.edu](http://my.jsu.edu)

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

**SIGNATURE OF ADVISOR**

### APPROVAL FOR EDUCATION COURSE

**SIGNATURE OF STUDENT**

Processed By \_\_\_\_\_ Date \_\_\_\_\_  
Do Not Write In This Space