



TRIAL SCHEDULE FORM

Name _____ Student ID Number _____

Address _____

Proposed Major (s) _____

Proposed Course Selection(s) – 1st Request

Course Call # (i.e 0000-000 or 00000)*	Section # (i.e. 00)	Course Title	Days / Times	Credits

Total Number Credits _____

Proposed Course Selection(s) – 1st Alternative Schedule

Course Call # (i.e 0000-000 or 00000)*	Section # (i.e. 00)	Course Title	Days / Times	Credits

Total Number Credits _____

Proposed Course Selection(s) – 2nd Alternative Schedule

Course Call # (i.e 0000-000 or 00000)*	Section # (i.e. 00)	Course Title	Days / Times	Credits

Total Number Credits _____

Student's Signature _____ Date _____

Advisor's Signature _____ Date _____

NOTE: It is strongly advised that all students have alternative courses listed on the above trial schedule. Please bring this completed form when you meet with your advisor.

***If you are being registered by an advisor you are going to need the 7 digit number in the first column next to the course name .If you are registering yourself on <http://web4students.udc.edu> you will only need the 5 digit number next to the course name.**