

Office of the Registrar

Phone: (812) 237-2020 Fax: (812) 237-8039

Scheduling Form

Name			First Name		University ID # (XXX-XXX-XXX) Registration		Registration Term (i.e. F	n Term (i.e. Fall 20XX)	
Chock	the box if the S	tudont is partic	cipating in a 1	L1 program					
	BE ADDED	tudent is partic	Lipating in a +1	ri program					
CRN	SUBJECT COURSE #		SECTION	CREDITS	OVERRIDES - APPROPRIATE SIGNATURE REQUIRED			DATE	
					☐ CAPACITY				
					☐ TIME CONFLICT	INSTRUCTOR SIGNATURE			
					☐ PREREQUISITE				
					COREQUISITE	DEPARTMENT CHAIR SIGNATURE			
					CAPACITY				
					TIME CONFLICT	INSTRUCTOR SIGNATURE			
					PREREQUISITE				
					☐ COREQUISITE ☐ CAPACITY	DEPARTMENT CHAIR SIGNATURE			
					☐ TIME CONFLICT	INSTRUCTOR SIGNATURE			
					☐ PREREQUISITE	INSTRUCTOR SIGNATURE			
					COREQUISITE	DEPARTMENT CHAIR SIGNATURE			
					CAPACITY				
					☐ TIME CONFLICT	INSTRUCTOR SIGNATURE			
					☐ PREREQUISITE				
					COREQUISITE	DEPARTMENT CHAIR SIGNATURE			
					CAPACITY				
					TIME CONFLICT	INSTRUCTOR SIGNATURE			
					PREREQUISITE				
					COREQUISITE	DEPARTMENT CHAIR SIGNATURE			
					☐ CAPACITY ☐ TIME CONFLICT	INSTRUCTOR SIGNATURE			
					☐ PREREQUISITE	INSTRUCTOR SIGNATURE			
					COREQUISITE	DEPARTMENT CHAIR SIGNATURE			
	BE DROPPED	COURCE #	SECTION	CREDITE					
CRN	SUBJECT	COURSE #	SECTION	CREDITS	Cuadita Danu		Advicement I	DTN /if noor	
					Credits Requested Student Signature		Advisement PIN (if need Date		
					Advisor Sign	nature	Date		
		Dean Signature			Date				
					Dean Signat	uie	Date		
DCE TO E	BE CHANGED TO	PASS/FAIL							

OFFICE USE ONLY

COURSES UN	ABLE TO BE PROCESSED					
CRN	REASON	CRN	REASON			
				Courses Added	Courses Dropped	Total Credits for Term
				Processed By		
					Date	