

Honors Registration Schedule Worksheet Summer-Fall 2017

First and Last Name: _____

A Number: _____

Email : _____

Cell Phone: _____

Advisor Name: _____

Hours completed: _____

Summer 2017

	CRN	Course Title and Section	Day	Time
	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____

Fall 2017

	CRN	Course Title and section	Day	Time
	_____	_____	_____	_____
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____

Register Date: _____

Registered by : _____