

Course Planning for Registration

Plan A

Major: _____

Dept.	Course #	Section	Course Name	Credits	Purpose*	M	T	W	R	F	Start Time	End Time

Purpose* Major (M), Gen. Ed. (GE), Elective (E)
 Initial skills/competencies: Written (W), Math (Ma), Oral (O), Physical Education (PE)

Total Credits	
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Plan B

Plan a second set of courses, or list a back-up course for each timeframe in Plan A in case courses in Plan A are full or there are other conflicts.

Dept.	Course #	Section	Course Name	Credits	Purpose*	M	T	W	R	F	Start Time	End Time

Purpose* Major (M), Gen. Ed. (GE), Elective (E)
 Initial skills/competencies: Written (W), Math (Ma), Oral (O), Physical Education (PE)

Total Credits	
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In considering the number of credits to take, keep in mind the following:

Are you a MN resident with Financial Aid? YES_____ NO_____ (Requires you to take 15 credits/semester)

Do you have a Scholarship? YES_____ NO_____ (May have specific requirements for # of credits taken/semester)

Advising Meeting

My Advisor is: _____ My advisors office is located: _____

My meeting with my advisor is: Day/Date: _____ Time: _____