

# Student Schedule

Office Use:				
	15	10	A	B
<input type="checkbox"/> Fall	—	—	—	—
<input type="checkbox"/> Winter	—	—	—	—
<input type="checkbox"/> Spring	—	—	—	—
<input type="checkbox"/> Summer	—	—	—	—
<input type="checkbox"/> WE	—	—	—	—

Cumberland Campus Student ID# 

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Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Last First

Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
City State Zip

Curriculum \_\_\_\_\_ Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Dept.	Course #	Section	Course Name	Room	Credits	Instructor	Dean	Date Permission Granted
<b>TOTAL CREDITS</b>								

WEEKLY STUDENT SCHEDULE							
Hour	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8:00-9:22							
9:30-10:52							
11:00-12:22							
12:30-1:52							
2:00-3:22							
3:30-4:52							
5:00-6:22							
6:30-7:52							
8:00-9:22							

I understand I am responsible for making all schedule changes, including withdrawals, in person at the Cumberland Campus Enrollment Services Office during regular office hours. To receive a refund, this must be completed within the designated refund dates, which I am responsible for knowing. I have received information regarding the college's substance abuse policies, student graduation rates, campus security procedures and crime statistics. I also understand the immunization requirements, and , if applicable, I have provided/will provide immunization verification.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_