

REGISTRATION WORKSHEET

John Carroll University

Name: _____ Banner ID: _____ Semester/Year _____

Year: FR____ SO____ JR____ SR____ Intended Major _____ or Major _____

Old Core _____ New Core _____ Intended Minor _____ or Minor _____

Trial Schedule

	Mon	Tues	Wed	Thur	Fri	Prereq	taken y/n
8:00							
8:30							
9:00							
9:30							
10:00							
10:30							
11:00							
11:30							
12:00							
12:30							
1:00							
1:30							
2:00							
2:30							
3:00							
3:30							
4:00							
4:30							
5:00							
5:30							
6:00							
6:30							
7:00							
7:30							
8:00							

Alternative Courses

	Mon	Tues	Wed	Thur	Fri	Prereq
8:00						
8:30						
9:00						
9:30						
10:00						
10:30						
11:00						
11:30						
12:00						
12:30						
1:00						
1:30						
2:00						
2:30						
3:00						
3:30						
4:00						
4:30						
5:00						
5:30						
6:00						
6:30						
7:00						
7:30						
8:00						

Total credit hours to be registered _____

Note if course if to be audited _____

Petitions to be submitted _____

Petitions must be submitted and approved for the pass/fail option and course repetition.

Advisor _____