



CLAYTON UNIVERSITY
OFFICE OF ENROLLMENT MANAGEMENT

TENTATIVE SCHEDULE

Fall _____ Spring _____ Summer _____ Year 20 _____

Student ID _____

Last Name

First Name

Middle Name

Date _____

Time	Course Prefix	Course No.	Course Section	Title	SH	Days	Room No.	Instructor

ADVISOR'S SIGNATURE

TOTAL REGISTERED HOURS _____

DATE