Please Use Pencil

Trial Schedule Form

Trial schedule MUST be done – do not submit course request with obvious conflicts.
Please complete this BEFORE your registration appointment with your academic advisor.

Student ID Number

Name_____
Last First M.I.

_____
Today's Date

Registration for Next Semester:
Fall 20___; Spring 20___; Summer 20___

Anticipated Date of Graduation ☐ May ☐ Aug ☐ Dec _____ Year

UT Tyler GPA_____

Courses Requested					
No.	**Course Name**	**Course Number**	**Section Number**	**Instructor**	**Credit Hours**
1					
2					
3					
4					
5					
6					
7					
8					
9					
Alternate Courses Requested					
1					
2					

Trial Schedule					
Time	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
8:00					
9:00					
10:00					
11:00					
12:00					
1:00					
2:00					
3:00					
4:00					
5:00					
6:00					