



UNIVERSITY of
MONTEVALLO

Registration Worksheet

NAME _____ SEMESTER _____

UM ID _____ MAJOR/MINOR/CONCENTRATION(S) _____

CLASSIFICATION:

- FR (0-29 earned hours)
 SO (30-59 earned hours)
 JR (60-89 earned hours)
 SR (90+ earned hours)
 GRADUATE

COURSES PLANNED FOR COMING SEMESTER

COURSE	TITLE	CREDIT HOURS	SECTION/TIME/PREREQUISITES/ ALTERNATIVE COURSE
TOTAL NUMBER OF HOURS			

ANTICIPATED SCHEDULE

TIME	M	T	W	R	F
8:00 AM					
9:00 AM					
10:00 AM					
11:00 AM					
12:00 PM					
1:00 PM					
2:00 PM					
3:00 PM					
4:00 PM					
EVENING					

NOTES

ADVISOR'S SIGNATURE _____

STUDENT'S SIGNATURE _____

COURSE PERMISSION*

COURSE ID	OVERRIDE REQUESTED	ADVISOR SIGNATURE (where required)	COURSE INSTRUCTOR SIGNATURE (where required)	PERMISSION TO REGISTER IF SECTION IS CLOSED

COURSE OVERLOAD**

ADDITIONAL HOURS (Fall/Spring — over 19, May — over 4, Summer sessions — over 7) _____

TOTAL HOURS APPROVED _____

DEPARTMENT CHAIR SIGNATURE

*Instructor permission required in order to register for a closed course. Once signature is obtained, forward to department Administrative Assistant or Registrar's Office for processing. All other permits are entered per department protocols.

**Department Chair's permission required in order to exceed maximum credit. Once signature is obtained please forward to the Registrar's Office for processing.