

Wharton County Junior College

★ Class Schedule Approval Form ★

Student ID @ _____ First Name _____

Last Name _____

Major _____ Semester _____ 20 _____

Please complete entire form in blue or black ink only

Academic Advisor/Counselor Recommendations: **SCH recommended** _____ Transfer Plans _____

<u>SUBJECT/COURSE #</u>	<u>SUBJECT/COURSE #</u>	<u>SUBJECT/COURSE #</u>	<u>SUBJECT/COURSE #</u>	<u>SUBJECT/COURSE #</u>	<u>SUBJECT/COURSE #</u>	<u>SUBJECT/COURSE #</u>

Academic Advisor/Counselor/Other _____ *ONLY IF REQUIRED* Date _____

Comments _____

If this box is checked, you will not be able to register online. You must create your schedule by looking up classes online, writing them in the appropriate spaces below and submitting this completed form to the Office of Admission and Registration at any WCJC campus location. *03/15/16*

CRN	SUBJECT	COURSE #	Semester Credit Hours(CRED)	Days	Time		Date (MM/DD)		Campus Location or WWW (online)	Repeat Course
					Begin	End	Begin	End		
<i>Example 12345</i>	<i>ENGL</i>	<i>1301</i>	<i>3</i>	<i>TR</i>	<i>9:25</i>	<i>10:40</i>	<i>8/26</i>	<i>10/15</i>	<i>Wharton</i>	<i>No</i>

Total number of semester credit hours

I agree to the schedule above. The courses I selected meet my educational goals. I am responsible for the courses and any changes I make to my schedule will be in accordance with the academic calendar and WCJC policies. If I decide not to attend WCJC, these classes must be officially dropped by me. I am aware of and responsible for all tuition and fees including charges associated with schedule changes, payment deadlines, withdrawal, and repeated courses.

Student Signature _____

Date _____