

Student Course Schedule

Name _____ E# _____

Email _____ Cell Phone _____

Fall _____ | Spring _____ | Summer _____
Year Year Year

Course Title	Course #	Days	Times	Units	Instructor
<i>Example:</i> College Skills	INT 099	MF	11:10-12:00	1	T. Colacino
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Comments _____
