

Registration Planning Worksheet

Name: _____

Semester: _____

Course Selections							
Course ID	Section	Units	Course Title	Day(s)	Time(s)	Instructor	Location

Term Classes								
Course ID	Section	Units	Course Title	Day(s)	Time(s)	Instructor	Location	Term

Alternate Choices								
Course ID	Section	Units	Course Title	Day(s)	Time(s)	Instructor	Location	Term

Total credit hours (units):