APPENDIX 18 SOUTH GEORGIA COLLEGE - REGISTRATION AND SCHEDULE CHANGE

Last Name No. & Street		First Name M.I. Maiden							Se	mester	Year		
			City	, ,	tate Zip		_	(()				
							() Additional Contact Number						
tudent ID Nu	mber:						_						
	ı			Initia	al Selecti	ons an	d Ad	ditions	1				
Computer Number	Course Prefix			Credit Hours	Time			Days	CPC?	Audit or Override	req	Check if not required in degree program	
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							МТ	W Th F S	3				
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Alternates:							МТ	W Th F S	3				
							МТ	W Th F S	5				
								W Th F S					
							МТ	W Th F S	5				
				(Courses	to be D	ropp	ed					
Computer Number	Course Prefix		Course Number		Credit Hours		Time		n	ays	CPC?	Audit?	
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Signatures Student:					Ao	dvisor:				Da	nte:		
Vice President Academic Affa (If taking 18 o	irs:	rs)		(Num	ber of hou	urs appr	oved)	You mu semeste		for gradua anticipated	date of g		