

Name: _____



Eastfield College
DALLAS COUNTY COMMUNITY COLLEGE DISTRICT

Contact Phone: _____

ID: _____

e-mail: _____

COURSE SCHEDULING SHEET

MONDAY / WEDNESDAY / FRIDAY

Registration #	Course Title	Section #	Time

TUESDAY / THURSDAY

Registration #	Course Title	Section #	Time

WEEKEND COLLEGE

Registration #	Course Title	Section #	Time

INTERNET / SELF-PACED

Registration #	Course Title	Section #	Time

MAYMESTER

Registration #	Course Title	Section #	Time

WINTERMESTER

Registration #	Course Title	Section #	Time

NOTE: It is the students responsibility to enroll for the proper classes and to ensure that there are no errors in scheduling.

Please review your registration summary to verify that it's correct.

Acknowledgement of Student Responsibility for Meeting Course Pre-Requisites

I understand that I am attempting to register for a course(s) which has a pre-requisite(s), and I am required to meet the pre-requisite(s) for each course I take. I further understand that I am being permitted to register for a course(s), which has a pre-requisite(s), and if I fail to meet the pre-requisite(s) I am required to drop/withdrawal from the course in which I was permitted to register.

Signature: _____ Time: _____ Date: _____ Advisor Initials: _____