



I.D. NUMBER	LAST NAME	FIRST NAME	MI	SEMESTER	YEAR
W					
INTENDED MAJOR	ASSIGNED FACULTY ADVISOR			OFFICE	PHONE

APPROVED COURSES			ALTERNATE COURSES		
PREFIX	COURSE #	CREDIT HOURS	PREFIX	COURSE #	CREDIT HOURS
TOTAL HOURS			Notes:		

I understand that any changes in this schedule should be approved. I understand I have 2 semesters to complete required developmental courses.

See Southeastern Louisiana University Catalog

ADVISOR/FACULTY SIGNATURE	STUDENT SIGNATURE	DATE



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