NAME:			STUDENT ID #	4	
CLASS YEAR:	MAJOR/DEGREE:	F	PHONE (day):	EMAIL:	
		Course Inforn	nation		
First Taken:					
Title:	Dept. & Course Number:			CRN:	
Fall:	Spring:		Summer:		_
Year/Term	Yea	ar/Term		Year/Term	
Repeated Course:		_			
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Fall:Year/Term	Spring: Ye	ar/Term	Summer:	Year/Term	
Notes to Students: Do not use please contact the College Cent	-	•		•	• •

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		STUDENT ID #	
CLASS YEAR:	MAJOR/DEGREE:	PHONE (day):	EMAIL:
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