

Course Selection Sheet

ID #: _____ **Last Name:** _____ **First:** _____ **MI:** _____

Total Credits Earned at MU and in Transfer: _____ **Mo/Yr** _____ **Expected Graduation:** _____ **Major:** _____ **Specialization:** _____

	Course Prefix	Course Number	Section Number	Meeting Times	Credits
1. First Choice					
Alternate					
2. First Choice					
Alternate					
3. First Choice					
Alternate					
4. First Choice					
Alternate					
5. First Choice					
Alternate					
6. First Choice					
Alternate					

	Course Prefix	Course Number	Section Number	Meeting Times	Credits
7. First Choice					
Alternate					
8. First Choice					
Alternate					
9. First Choice					
Alternate					
10. First Choice					
Alternate					
11. First Choice					
Alternate					
12. First Choice					
Alternate					

Total Credits _____

Student's Signature

Date

Advisor's Signature

Date

* A forged signature will result in the cancelation of registration and university disciplinary action.

Please Verify Your Home & Local Address via <http://my.mansfield.edu>

To carry 19 credits or more refer to current policy in college catalog