



# Campbellsville University

## Course Schedule - Working Copy

Please PRINT clearly. Note carefully the course's section number and Web Reg number!

Student's Name	ID Number	Year	Term

Course ID & Section	Summer Sub-term	Course Title	Credit Hours	Day & Time	Web Registration Number

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Advisor** - Retain a copy of this schedule form at your option.

**DO NOT SUBMIT THIS FORM TO STUDENT RECORDS**