#### GalCollegeLogo

#### SCHEDULE INFORMATION

This form must be completed and returned to the Special Services Office *EACH SEMESTER.*

**ATTACH A PRINTED SCHEUDULE.**

**NAME: STUDENT ID# PHONE # EMAIL:**

[ ]  **FALL** [ ]  **FALL MINI** [ ]  **SPRING** [ ]  **SPRING MINI** [ ]  **SUMMER I** [ ]  **SUMMER II YEAR:**

[ ]  **SECOND START** [ ]  **SPRING SECOND START** [ ]  **OTHER:**

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| **Course** | **Course #** | **Section #** | **Time** | **Instructor** | **Day (Circle)** | **Format (check all that apply)** |
|  |  |  |  |  | [ ]  **M** [ ]  **T** [ ]  **W** [ ]  **T**[ ]  **F** | [ ]  In Class [ ]  Second Start [ ]  Online [ ]  Early End[ ]  Hybrid [ ]  Mini |
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**Please list only one class per line. You may make copies of this form if needed.**