Schedule Planning Form

MARIAN UNIVERSITY
Indianapolis

Indicate semester and year:

☐ Fall ☐ Spring ☐ Summer Year_____

Please print clearly:

Last Name First Name M.I. Student ID#

	Dept Prefix	Course #	Sec	Credit Hrs	Course Title	Days	Time	*Faculty/Staff Use Only P	E	T	Signature
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

Approved Alternative Courses

*Approval Codes (P, E, T): **P** - waive **prerequisite** requirement; **E** - approval to **enroll**/override enrollment limit; **T** - **time** conflict is okay

*To change the default credit amount on a variable credit course, bring this signed form to the Office of the Registrar.

Courses requiring approval codes must be added in person at the Office of the Registrar.

Total Hours:

Student Acknowledgement

I understand this planning form does not guarantee me a seat in the above classes.

I must register for my classes through the CAMS student portal.

My registration begins/began _____

Student Signature **Date**

(___)_____(___)_____

Home Phone Number Cell Phone Number

Note: If hours total 19 or more, approval by the Dean of Academic Affairs is required (see back of form for details). Students on academic probation are limited to 16 hrs; approval by the Dean of Academic Affairs is required to register for more than 16 hrs.

Academic Dean Signature **Date**

Advisor Use Only

Advisor Signature Date

Printed Advisor Name

Comments: _____

White Copy – Student Yellow Copy – Advisor