

Fall 2009 SCHEDULING FORM

Fall 2009

Student Name: _____ DSI #: D Person# _____

Are You A New Student? Yes No Finance Hold? Yes No

Are You Currently Enrolled In Engl-032 Or Math-032 Yes No (Circle One)

Continuing Resuming Last semester attended _____ Transfer Last campus attended _____

Program: _____ Concentration: _____

Phone: _____ Email: _____

Course	Call Number	Session	Credit Hours	Course Title	Instructor	Campus
		A				
		B				

CLASS DAY AND TIMES

M	T	W	TH	F	S	TIME	M	T	W	TH	F	S
Session A							Session B					
						9AM						
						10AM						
						11AM						
						12PM						
						1PM						
						2PM						
						3PM						
						4PM						
						5PM						
						6PM						
						6:30PM						
						7:30PM						
						8:30PM						
						9:30PM						

I understand that enrollment in the above courses is not confirmed until this schedule is entered by an Academic Advisor into the Oracle Student Enrollment System. It is my responsibility to verify my enrollment @ my.devy.edu and print a copy of my official schedule.

Student Signature: _____ Date: _____