

SPRING 2010
COLLEGE OF EDUCATION
ENROLLMENT WORKSHEET

Current Student Enrollment Form

*This form is to be left
with your advisor.*

DATE: _____

STUDENT ID: _____

NAME: _____

() ELEMENTARY

() SECONDARY

Area of Concentration _____

Teaching Field _____

PRIMARY REQUESTS						ALTERNATIVE REQUESTS							
CLASS #	SUBJECT & NUMBER	TITLE	UNITS	UG/ G	RE- TAKE		CLASS #	SUBJECT & NUMBER	TITLE	UNITS	UG/ G	RE- TAKE	
						A							
						B							
						C							
						D							
						E							
						F							
						G							
						H							
						I							
						J							
TOTAL =			Advisor Signature				Date						

DAY	7:30	8:00	8:30	9:00	9:30	10:00	10:30	11:00	11:30	12:00	12:30	1:00	1:30	2:00	2:30	3:00	3:30	4:00	4:30	5:00	5:30	
MONDAY																						
TUESDAY																						
WEDNESDAY																						
THURSDAY																						
FRIDAY																						

Tentative Courses for Summer/Fall 2010: _____

Have you taken the PPST? Yes No
 Have you passed all three parts of PPST? Yes No

Notes: _____
