

# LAWSON STATE COMMUNITY COLLEGE

## TRIAL SCHEDULE/REGISTRATION FORM

**STUDENT NUMBER**

**NAME**  
 LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE/MAIDEN \_\_\_\_\_

**MAILING ADDRESS**  
 HOUSE/APT. NUMBER STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 ( \_\_\_\_\_ )  
 TELEPHONE NUMBER \_\_\_\_\_  
**NEW ADDRESS**  Yes  No

**SEMESTER YEAR** \_\_\_\_\_  
 Fall  
 Spring  
 Summer

**CAMPUS**  
 Bessemer  
 Birmingham  
 Correctional

Are you currently on academic probation or suspension?  
 YES  
 NO

**IF YES, YOU MUST SEE THE RETENTION COUNSELOR BEFORE CONTINUING REGISTRATION**

Degree/Certificate (AA, AAS, AOT, AS, CER): \_\_\_\_\_ Major/Program of Study: \_\_\_\_\_

Call Number (FIVE DIGITS)	Dept. (CIS, ENG)	Course Number (080- 299)	Section (01, 02)	Course Title	Hours							Credit Hours	Instructor	
					From	To	M	T	W	T	F			S

**TOTAL APPROVED HOURS**

### ALTERNATE COURSES

Call Number (FIVE DIGITS)	Dept. (CIS, ENG)	Course Number (080- 299)	Section (01, 02)	Course Title	Hours							Credit Hours	Instructor	
					From	To	M	T	W	T	F			S

I UNDERSTAND THAT THE COURSES ENTERED ON THIS TRIAL SCHEDULE ARE CONFIRMED WITH PAYMENT OF TUITION & FEES. I ALSO UNDERSTAND THAT MY NAME WILL APPEAR ON PERMANENT CLASS ROLL **ONLY AFTER** PAYMENT HAS BEEN MADE.

ADVISOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Processed by \_\_\_\_\_  
INITIALS

Date \_\_\_\_\_