

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 _____