Trial Card for Registration Planning

Name _____

Semester (circle/check)
Spring Summer Fall

Year _____

No.	Subject	Sec	Credits/Units	Class (Call) Number
1				
2				
3				
4				
5				
6				
7				

	Monday	Tuesday	Wednesday	Thursday	Friday
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					

Plan for alternate courses in the event of closed sections or time conflicts