NORTH DAKOTA STATE UNIVERSITY

TRIAL CARD

Name (last, first, MI) _____ I.D. # _____

College/Curriculum _____ Class _____ Semester/Term _____

No.	Subject	Sec.	Cr.	**5 Digit call #**	Bldg. & Room
1					
2					
3					
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7					
8					

Hour	M	T	W	R	F
8:00					
9:00		9:30		9:30	
10:00					
11:00		11:00		11:00	
12:00		12:30		12:30	
1:00					
2:00		2:00		2:00	
3:00		3:30		3:30	
4:00					
5:00					
6:00					
7:30					

Adviser's Signature _____