#### GalCollegeLogo

#### SCHEDULE INFORMATION

This form must be completed and returned to the Special Services Office *EACH SEMESTER.*

**ATTACH A PRINTED SCHEUDULE.**

**NAME: STUDENT ID# PHONE # EMAIL:**

**FALL**  **FALL MINI**  **SPRING**  **SPRING MINI**  **SUMMER I**  **SUMMER II YEAR:**

**SECOND START**  **SPRING SECOND START**  **OTHER:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Course** | **Course #** | **Section #** | **Time** | **Instructor** | **Day (Circle)** | **Format (check all that apply)** |
|  |  |  |  |  | **M**  **T**  **W**  **T**  **F** | In Class  Second Start  Online  Early End  Hybrid  Mini |
|  |  |  |  |  | **M**  **T**  **W**  **T**  **F** | In Class  Second Start  Online  Early End  Hybrid  Mini |
|  |  |  |  |  | **M**  **T**  **W**  **T**  **F** | In Class  Second Start  Online  Early End  Hybrid  Mini |
|  |  |  |  |  | **M**  **T**  **W**  **T**  **F** | In Class  Second Start  Online  Early End  Hybrid  Mini |
|  |  |  |  |  | **M**  **T**  **W**  **T**  **F** | In Class  Second Start  Online  Early End  Hybrid  Mini |
|  |  |  |  |  | **M**  **T**  **W**  **T**  **F** | In Class  Second Start  Online  Early End  Hybrid  Mini |

**Please list only one class per line. You may make copies of this form if needed.**