

# JACKSONVILLE STATE UNIVERSITY

**TRIAL SCHEDULE/REGISTRATION FORM**

**SEMESTER** \_\_\_\_\_ **YEAR** \_\_\_\_\_

**STUDENT NUMBER** \_\_\_\_\_

**NAME** \_\_\_\_\_  
LAST FIRST MIDDLE

**MAILING ADDRESS** \_\_\_\_\_

**TELEPHONE NUMBER** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

CRN#	Dept	Course Number	Section	Course Title	Hours From - To								Hours Credit	Instructor	Room/Bldg
						M	T	W	R	F	S				
<b>TOTAL</b>													<b>APPROVED HOURS</b>		

**ALTERNATE COURSES**

CRN#	Dept	Course Number	Section	Course Title	Hours From- To								Hours Credit	Instructor	Room/Bldg
						M	T	W	T	F	S				

**INSTRUCTIONS:**

- 1) Prepare trial schedule with desired courses and alternates.
- 2) See advisor for approval of trial schedule (must obtain signature of advisor).
- 3) Present your signed trial registration form to the department secretary for "Alternate Pin" removal
- 4) You may register at my.jsu.edu

I AFFIRM MY UNDERSTANDING OF THE REGISTRATION AND PAYMENT PROCEDURES OF JACKSONVILLE STATE UNIVERSITY

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

\_\_\_\_\_  
 SIGNATURE OF STUDENT                      DATE

\_\_\_\_\_  
 APPROVAL FOR EDUCATION COURSE

Processed By _____ Date _____ Do Not Write In This Space
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