

Cleared By _____
Date _____

**JSU PSYCHOLOGY SUMMER TRIAL SCHEDULE** *rev. 2/6/23*

SEMESTER \_\_\_\_\_ YEAR \_\_\_\_\_ STUDENT NUMBER \_\_\_\_\_

EMAIL: \_\_\_\_\_ NAME \_\_\_\_\_  
Last
First
Middle

Courses are offered in Full Summer (May 16-Aug 1), Summer I (May 16-Jun 22), 4-Week June (Jun 1-29), and Summer II (Jun 26-Aug 1). You may only register for 7 hrs per term and no more than 18 hrs total for summer semester.

Term: \_\_\_\_\_

CRN#	Dept	Course #	Sec #	Course Title	Credit Hours	Hours From-To	M	T	W	R	F	Instructor	Room/Bldg

Term: \_\_\_\_\_

CRN#	Dept	Course #	Sec #	Course Title	Credit Hours	Hours From-To	M	T	W	R	F	Instructor	Room/Bldg

Term: \_\_\_\_\_

CRN#	Dept	Course #	Sec #	Course Title	Credit Hours	Hours From-To	M	T	W	R	F	Instructor	Room/Bldg

**TOTAL APPROVED HOURS:** \_\_\_\_\_

**ALTERNATIVE COURSES**

CRN#	Dept	Course #	Sec #	Course Title	Credit Hours	Hours From-To	M	T	W	R	F	Instructor	Room/Bldg

**STUDENT'S SIGNATURE**

\*By signing above, I affirm my understanding of Jacksonville State University's registration and payment procedures. Furthermore, I assume responsibility for reviewing the requirements outlined in the JSU Catalogue and monitoring my progress with respect to these requirements.

□ Adviser Notes:

**ADVISER'S SIGNATURE**