

SEMESTER: Fall
 Winter
 Spring
 Summer

Graduate
 Undergraduate
 Non-Degree

COURSE PLANNING FORM

NAME: _____

CLASS: FR SO JR SR (check one)

SID #: _____

PRIMARY MAJOR: _____

TEL. # in Cairo: _____ Valid AUC E-mail Account: _____ MOBILE: _____

	CALL NUMBER	Course	No.	Sec #	Cr. Hrs.	Hours	Days					Instructor's Name	Approval of Advisor	Dept Chair's approval to waive a Pre-requisite Requirement
							U	M	T	W	R			
1														
2														
3														
4														
5														
6														
7														
8														
ALTERNATIVE COURSES / SECTIONS (Priority Order)														
1														
2														
3														
4														

Student's Signature:

Date:

Advisor's Signature:.....