Talladega College
Academic Advisement
Schedule Form

Fall Term, 20___, **Spring Term**, 20___, **Summer Term**, 20___ **ID#** _____

Name: _____
Last **First** **Middle**

Permanent Address: _____**City:** _____ **State:** ____ **Zip:** _____

Telephone Number: _____

Local/Campus Address: _____**City:** _____ **State:** ____ **Zip:** _____

Telephone Number: _____

DEPT. CODE	COURSE NO.	SECTION	COURSE TITLE	CREDIT HOURS	TIME	DAYS	BLDG. RM.

Major_____ **Minor**_____**Total Credits**_____

I request official enrollment in the courses listed above. I understand that it is my responsibility to complete the online registration process for the approved courses. I also understand that I must pay all fees to confirm my registration.

STUDENT'S SIGNATURE_____ **DATE**_____

APPROVED BY ADVISOR_____**DATE**_____

The Faculty Advisors must keep a copy of the Schedule Form for their records.