



INTERCOLLEGIATE ATHLETICS DEPARTMENT

PRIORITY REGISTRATION PLANNER

NAME: _____ SPORT: _____

ID # : _____ - _____ - _____ PIN # _____

Submitted by: Intercollegiate Athletics Department Due Date: _____

- ◆ **Instructions:** List the Course title and number (e.g. STA 120), the Course Request Number (CRN), the Day and Time, and the location on your Degree Requirement Evaluation sheet (e.g. Area B – General Education, Support Courses or Core Courses in Major).
- ◆ All forms must be signed by your faculty advisor.
Forms will not be accepted unless they have been signed.

COURSE	CRN	DAYS	TIME	Location on Evaluation (Be Specific!)
SAMPLE 120	11356	M- W- F	8:00- 9:05	AREA 1A, G.E.

Priority Registration - Intercollegiate Athletics Department

FACULTY ADVISOR: _____
(Print)

(SIGNATURE) Date: _____

DEPARTMENT: _____