

MODIFIED COURSE SELECTION – SCHOOL OF MEIP

Name	Student Number
Option	Phone Number

I acknowledge that I am personally responsible for adhering to the co-requisites and pre-requisites of the courses I am registering for. Registration into a course without proper pre-requisites and co-requisites will result in withdrawal from the course.

Student Signature _____

	Course Name	Course #	CRN 1 st choice	CRN 2 nd choice	Notes and Special Authorization
1			LEC:	LEC:	
			LAB:	LAB:	
			TUT:	TUT:	
2			LEC	LEC:	
			LAB:	LAB:	
			TUT:	TUT:	
3			LEC	LEC:	
			LAB:	LAB:	
			TUT:	TUT:	
4			LEC	LEC:	
			LAB:	LAB:	
			TUT:	TUT:	
5			LEC	LEC:	
			LAB:	LAB:	
			TUT:	TUT:	
6			LEC	LEC:	
			LAB:	LAB:	
			TUT:	TUT:	
7			LEC	LEC:	
			LAB:	LAB:	
			TUT:	TUT:	

Student Signature	Date
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