

Schedule Planning Sheet

Name _____ GCSU ID# _____

Semester _____

	CRN	Course Prefix and Number	Day	Time	Hours
1.					
2.					
3.					
4.					
5.					
6.					
Alternate					

Semester _____

	CRN	Course Prefix and Number	Day	Time	Hours
1.					
2.					
3.					
4.					
5.					
6.					
Alternate					

Holds on Record _____

Bring this completed form with a copy of your tranquide with you to your advising appointment. Be sure to check and list your holds above.