## STUDENT-ATHLETE REGISTRATION PLANNING FORM

- \* THIS FORM SHOULD BE FILLED OUT BY THE STUDENT-ATHLETE AND SCHOOL ADVISOR
- \* STUDENT-ATHLETES MUST BE ENROLLED IN CLASSES THAT ARE DEGREE APPLICABLE TO MEET THE NCAA'S PROGRESS TOWARDS DEGREE REQUIREMENTS
- \* STUDENT-ATHLETES MUST RETURN THIS FORM TO ATHLETIC ADVISOR AFTER COMPLETION

Student-Athlete:			Semester(s):			
DEPT PREFIX	COURSE NUMBER	CREDIT HOURS	IS THIS CLASS  DEGREE  APPLICABLE  Yes No		IS THIS COURSE A REPEAT?	
ALTERNATE CLASS S	SUGGESTIONS	!				
			1			
NUMBER OF CREDITS	REMAINING TO COMPLETE DEGREE	AT THE END OF	THE CURR	ENT TERM:	:	
NOTES:						
STUDENT-ATHLETE	SIGNATURE			r	)ΔΤF	

## **STUDENT-ATHLETE REGISTRATION PLANNING FORM**

<b>ADVISOR SIGNATURE</b>	DATE	