SCHEDULE SHEET

Big Sandy Community & Technical College

TERM/YEAR (Check all that apply)	Spring 2009 _____	Bi Term 1 _____	Bi Term 2 _____

STUDENT NAME: _____ **ID#**_____ **S.S.# (Optional)**_____
(Last) (First) (Maiden/Middle)

PROGRAM PLAN:_____ **OPTION/EMPHASIS/SUB-PLAN:**_____

ASSIGNED ADVISOR:_____ **ADVISOR LOCATION:**_____

PeopleSoft Class #	Catalog/ Course #	Section #	Description/Course Title	Units Credit Hours	Repeat ✓	PREREQ Advisor Initials	KYVU	WEB En	KET	ITV	Pattern Days	Begin Time	End Time	Instructor Name	Campus Location
Ex: 79426	ENG 101	B001	Writing I	3							M W F	10:50 am	12:05 pm	Deborah Jacobs	Pikeville

I have agreed to the above schedule. The courses selected meet my educational goals. I am responsible for any changes made without consulting my advisor. I understand that I am responsible for tuition and fees. Any changes to my schedule must be in accordance with the Academic Calendar and completed according to proper procedures including filing the Drop/Add/Withdrawal form with the Admissions & Records Office.

Student Signature_____

_____
TOTAL CREDITS

The courses above meet the requirements of the student's program plan or the personal goals of the student. I have informed the student that changes should be discussed with me.

Advisor Signature_____