



ADVISOR APPROVED SCHEDULE

Student Name: \_\_\_\_\_

Semester: \_\_\_\_\_

Mustang #: \_\_\_\_\_

| CRN# | Course | Cr hrs | Title | Days/Time |
|------|--------|--------|-------|-----------|
|      |        |        |       |           |
|      |        |        |       |           |
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|      |        |        |       |           |
|      |        |        |       |           |
|      |        |        |       |           |

Total Approved Hours: \_\_\_\_\_

Advisor approving schedule: \_\_\_\_\_

Date: \_\_\_\_\_

Student signature: \_\_\_\_\_