NOTRE DAME UNIVERSITY
LOUAIZE
جامعة سيدة اللويزة
GAUDIUM DE VERITATE

STUDENT SCHEDULE SHEET

ID _____ Name _____
First Middle Last

Faculty _____ Class _____ Phone _____

Major _____ Semester: Fall ☐ Spring ☐ Summer ☐ Academic Year _____

• Dean's Signature	Course N°	Section	Course Title	N° of Crs.	Bldg. & Room N°	*	Days	Time
			Total Credits					

1- Approved By The Academic Advisor Signature _____ Date _____

2- Student's Signature Signature _____ Date _____

3- Approved By The Business Office Signature _____ Date _____

4- Approved By The Registrar's Office Signature _____ Date _____

* Write in this column (R) for repeated courses | (U) for audited | (C) for cross registration | (E) for exchange
• Dean's Signature when needed (e.g. Overload, Pre-requisite, Co-requisite etc...)

White: Advisor | Yellow: Registrar's Office | Blue: Business Office | Pink: Student