

FORT VALLEY

STATE UNIVERSITY

Course Selection Form

FULL-TERM (SESSION A) and MINI-MESTER I (SESSION B) COURSES ONLY

Last Name	First Name	MI

Student ID	Major	Advisor

Permanent Address

Street & Number/P.O. Box	City	State, Zip	Telephone #

Campus Address

Street & Number/P.O. Box	City	State, Zip	Telephone #

Email Address (Required)

CRN	Course Prefix	Course Number	Course Section	Credit Hours

Alternative Courses

CRN	Course Prefix	Course Number	Course Section	Credit Hours

Total Number of Credit Hours

Student Signature

Date

Archie L. Williams

Advisor Signature

Date