

EOP CLASS SCHEDULE FORM

Name _____

Department Advisor _____

Coyote ID _____

EOP Counselor _____

Address _____

Quarter _____ Year _____

City, State & Zip _____

Major _____

Phone _____

Class Level: Freshman Sophomore Junior Senior

Dorm/Apt _____

Email _____

SCHEDULE

Class	Class Nbr.	Sect.	Units	Days	Times	Room	Instructor

ALTERNATE SCHEDULE

Class	Class Nbr.	Sect.	Units	Days	Times	Room	Instructor

Comments _____

I understand that it is my responsibility to enroll in the classes selected above, and that I must notify my EOP counselor of any changes.

Student's Signature

Date

Enrollment Date & Time