

BOSTON UNIVERSITY COLLEGE OF ENGINEERING
 Experiential Education Program
 Course Planning Sheet

AAC: _____

SEMESTER: Spring Fall

YEAR: 20__

 NAME _____ I.D. _____
 Last First M.I.

MAJOR _____ CLASS YEAR _____ Updated Expected Graduation: ____/____

SEMESTER _____

RECOMMENDED COURSES						RECORDS OFFICE USE ONLY			
	College	Course Number	Section	Day(s)	Time	Registered (Y/N/NA)	Changes or Comments	Official Initials	Date Entered
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									

SEMESTER _____

RECOMMENDED COURSES						NOTES			
	College	Course Number	Section	Day(s)	Time				
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SEMESTER _____

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Instructions:

Students

1. Meet with Faculty Advisor to determine schedule upon returning to campus.
2. Fill out planning sheet with Advisor
3. Have Faculty Advisor to have them sign and date Course Schedule Form.
4. RETURN this form with the planning sheet to the Co-op Office.

Faculty Advisor

1. Recommend appropriate courses that you believe will be offered in the students next academic semester.
2. SIGN and DATE form.
3. Maintain copy for your records.

FACULTY ADVISOR SIGNATURE _____ **DATE** _____

STUDENT SIGNATURE _____ **DATE** _____

CDO ADVISOR SIGNATURE _____ **DATE** _____

***IMPORTANT:* ENG students will have the ability to register for all their classes on Web Registration. NON-ENG Courses (ie. CAS, MET, COM, etc.) can also be registered by students using TELREG.**