

Student Schedule

7/17/2024
9:50:06PM

Student Name:				Program Version:						Enroll Status:			
ID:				Academic Advisor:						Start Date:			
Weekday	Start Time	End Time	Campus	Building	Room #	Course	Section	Description	Instructor	Audit	Date Start	Date End	Delivery M.
									Secondary Instructor(s)				

Term:

No

U-Sunday	Comments:	
M-Monday		
T-Tuesday		
W-Wednesday		
R-Thursday		
F-Friday		
S-Saturday		
# - Pass/Fail Course		