



**Troy University**  
Troy Alabama  
36062

### Schedule Request and Data Sheet

This form must be approved by student Adviser before proceeding to registration.

Fall     Spring     Summer     Other

Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle) \_\_\_\_\_

Telephone: \_\_\_\_\_

Social Security: \_\_\_\_\_ (optional - see back side for more information)

Student ID #: \_\_\_\_\_

Major: \_\_\_\_\_

Classification (check one)  
 Freshman     Sophomore     Junior     Senior     Post Degree     Graduate

Local Address: \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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The registration process is not complete until all semester charges have been paid prior to the first class day or the student enrolls in a Payment Plan. Refer to Course Schedules for deadlines for payment of tuition and fees.

I understand that I am responsible for the prompt payment of all tuition and fees and that I shall be administratively withdrawn from classes if timely payments are not made.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

### I REQUEST TO ENROLL IN THE FOLLOWING COURSES:

Time	Days of Week	Dept.	Course No.	Section	Title of Course	Credit Hrs.	\$ Fee
	M T W TH F						
	M T W TH F						
	M T W TH F						
	M T W TH F						
	M T W TH F						
	M T W TH F						
	M T W TH F						
	M T W TH F						
	M T W TH F						

### IF THE COURSES ABOVE ARE NOT AVAILABLE- THESE ARE MY ALTERNATE COURSES:

Time	Days of Week	Dept.	Course No.	Section	Title of Course	Credit Hrs.	\$ Fee
	M T W TH F						
	M T W TH F						
	M T W TH F						
	M T W TH F						

### ADVISER APPROVAL

**APPROVAL FOR OVERLOAD:** 19-21 hours requires approval of advisor, Department Chair and a 3.5 institutional grade point average. See the Undergraduate Catalog.

Hours \_\_\_\_\_ Signature of Adviser \_\_\_\_\_

Signature of Department Chair \_\_\_\_\_ Date \_\_\_\_\_