

FALL Academic Planning Sheet

Date _____ ID# _____



Name _____

Student Signature _____

Advisor Signature _____

Major on ASIST _____

Minor (if applicable) _____

- INFT _____ REGISTRATION _____
- GPA _____ CSER _____
- NSSR 101 _____ BOC _____

Additional Comments:

Course Options:


JAN Intensive	SPRING	SUMMER	FALL
Total Hours	Total Hours	Total Hours	Total Hours
CSER	CSER	CSER	CSER

JAN Intensive	SPRING	SUMMER	FALL
Total Hours	Total Hours	Total Hours	Total Hours
CSER	CSER	CSER	CSER

PLAN YOUR SCHEDULE

Time	M	W	F
8:15			
9:20			
12:00			
1:05			
2:10			
3:15			
4:20			
Evening			

Time	T	R
8:15		
9:45		
11:15		
12:45		
2:15		
3:45		
Evening		

 www.liberty.edu/casas

NOTE: All planning information subject to change based on course availability and student performance each term.

SPRING Academic Planning Sheet

Date _____ ID# _____


SUMMER	FALL	JAN Intensive	SPRING
Total Hours	Total Hours	Total Hours	Total Hours
CSER	CSER	CSER	CSER

SUMMER	FALL	JAN Intensive	SPRING
Total Hours	Total Hours	Total Hours	Total Hours
CSER	CSER	CSER	CSER

PLAN YOUR SCHEDULE

Time	M	W	F
8:15			
9:20			
12:00			
1:05			
2:10			
3:15			
4:20			
Evening			

Time	T	R
8:15		
9:45		
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2:15		
3:45		
Evening		

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NOTE: All planning information subject to change based on course availability and student performance each term.

LIBERTY
UNIVERSITY
SCHOOL OF HEALTH SCIENCES
ATHLETIC TRAINING

Name _____

Student Signature _____

Advisor Signature _____

Major on ASIST _____

Minor (if applicable) _____

- INFT _____ REGISTRATION _____
- GPA _____ CSER _____
- NSSR 101 _____ BOC _____

Additional Comments:

Course Options: