



Advisor/Student Scheduling Agreement

Missouri University of Science and Technology
Office of the Registrar

103 Parker Hall
300 West 13th Street
Rolla, MO 65409-0930
Phone: (573) 341-4181
fax: (573) 341-4362
registrar@mst.edu
http://registrar.mst.edu/

Name _____ Student ID _____

Term _____ Date _____

Primary Schedule

Alternate Courses

Class #	Subject Area	Catalog #	Hrs		Class #	Subject Area	Catalog #	Hrs
				Or →				
				Or →				
				Or →				
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				Or →				
				Or →				
				Or →				

Total Hours Scheduled _____

IMPORTANT NOTE TO STUDENTS: DO NOT ALTER THIS SCHEDULING AGREEMENT WITHOUT CONTACTING YOUR ADVISOR OR SIGN YOUR ADVISOR'S NAME IN HIS/HER ABSENCE. CONTACT YOUR DEPARTMENTAL ADVISING OFFICE FOR ASSISTANCE IF YOUR ADVISOR IS NOT AVAILABLE.

HAVE YOU DONE THE FOLLOWING:

1. Met with your advisor and had him/her remove your advising hold.
2. Completed all the special forms needed for Pass/Fail Grading Option, Hearer Status, Time Conflict Approval, Excess Schedule Approval, and Selection of Graduate Credit for Dually Enrolled Undergraduates. These forms must be submitted to the Registrar's Office before appropriate deadlines.
3. Selected alternate courses in case your original selection is closed.

Advisor's Signature _____

Date _____

Student's Signature _____

Date _____