

LAGRANGE COLLEGE
REGISTRATION WORKSHEET
FALL OR SPRING SEMESTER

SEMESTER NAME AND YEAR: _____

STUDENT NAME: _____

L#: _____

Mon/Wed/Fri (MWF)	CRN	SUBJECT & COURSE NUMBER	SECTION	CREDIT HOURS
8:20-9:15 AM				
9:25 – 10:20 AM				
10:30 – 11:25 AM				
11:35 – 12:30 PM				
1:10 – 2:05 PM				
2:15 – 3:10 PM				
Tuesday/Thursday (TR)	CRN	SUBJECT & COURSE NUMBER	SECTION	CREDIT HOURS
8:00 – 9:20 AM				
9:30 – 10:50 AM				
12:40 – 2:00 PM				
2:10 – 3:30 PM				
ONLINE/OTHER	CRN	SUBJECT & COURSE NUMBER	SECTION	CREDIT HOURS

STUDENT SIGNATURE: _____ DATE: _____

*If signed electronically, please email the form back to your advisor from your lagrange.edu email account

ADVISOR SIGNATURE: _____ DATE: _____