

Office of the Registrar

Phone: (812) 237-2020 Fax: (812) 237-8039

Processed By __Date

Scheduling Form

For important dates and information regarding scheduling and class load policies please refer to the Office of the Registrar website at: https://catalog.indstate.edu/ Please note that instead of utilizing this form, scheduling for classes may also be completed online through your MyISU portal under the Student Tab. A separate Scheduling Form must be submitted for each term in which the student wishes to register. Submit completed forms to the Office of the Registrar, Parsons Hall 009, or fax to (812) 237-8039. For assistance please call (812) 237-2020.

tudent Last Name			First Name			iversity ID # (XXX-XXX-XXX) Registration Term (i.e. Fall 20XX)		
OURSES TO	BE ADDED							
CRN	SUBJECT	COURSE #	SECTION	CREDITS	OVERRIDES - APPROPRIATE SIGNATURE REQUIRED			DATE
					CAPACITY		-	
					☐ TIME CONFLICT	INSTRUCTOR SIGNATURE		
					☐ PREREQUISITE			
					COREQUISITE	DEPARTMENT CHAIR SIGNATURE		
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					Student Signature			
					Student Signature		Date	
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						e to be converted to a "Student Se t Schedule, Select*Student Selecte		
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dents have un	til the last day of the	part of term to dro	p/withdraw from c	lasses to decide th	is option. Referenc	e the academic calendar for <u>deadl</u>	ines.	
questions rea	arding the impact of	making course choi	ices, contact vour a	cademic advisor.	For assistance man	aging the system to make selectio	ns in your portal, contac	t the Office of the
	rar@indstate.edu or		cos, contact your d	icademie davisor.	. J. Goodanice man	aging the system to make selection	your portur, contac	are office of the
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