

Morehead State University

Student Trial Schedule

AS Degree
BS Degree
MS Degree

Semester _____

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Student ID #	Last Name	First Name	MI	Class
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Dept	Course #	Sec. #	Course Title	Audit	Propeat	Credit Hr	Time	Day(s)	Bldg	Room	Instructor

TOTAL CREDIT HOURS	
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Approved Alternate Courses

Student Signature _____	Academic Advisor Name _____
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Date _____	Advisor's Signature _____
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MSU is an affirmative action, equal opportunity, educational institution.	Date _____
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