



Office of the Registrar
Mount Aloysius College
7373 Admiral Peary Hwy
Cresson, PA 16630
(814) 886-6400
Registrar@mtaloy.edu

Schedule Planning Form

Students must meet with their advisors to plan their schedules.

Date: _____ ID Number: _____

Name: _____

Major: _____ FALL SPRING SUMMER _____
year

Course Number	Course Title	Days (M-Tu- W-Th- F)	Beginning Time	Ending Time	Credits
Total Credits:					

Special Circumstances: *(Please check all that apply)*

Instructor Permission: Certain courses require the instructor's permission to register for the course.

Instructor's Signature: _____

Advisor Permission to Take GCE or Online Courses: GCE courses are primarily for GCE students.

Regular on-campus students wishing to take these courses must obtain their advisor's signature on this form.

Advisor's Signature: _____

Other: Student was unable to enter the course due to time conflict or pre-requisite or co-requisite needed.

Instructor's Signature: _____

Repeat: Student is repeating the course.

Registrar's Office:

Processed by: _____ Date: _____

Revised 10/20/2020