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| Name: | ID: |
| Email: @eagles.usm.edu | Phone: |

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| **Semester:** | | | | | | |
| **Registration Code** | **Course**  **Prefix** | **Course**  **Number** | **Days** | **Time** | **Credit**  **Hours** | **Notes** |
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| **Semester:** | | | | | | |
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*Note: BSC 103/L cannot be taken in combination with BSC 110/L or BSC 111/L to meet GEC 02 requirements. All science lectures must match labs.*

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| Comments: |

**Student Responsibility:** I understand that I have the responsibility to follow the above schedule or accept that my graduation could be delayed should I deviate from what has been recommended. Furthermore, I am responsible for verifying my required prerequisites and degree requirements. I also understand that my degree requirements are based upon the year indicated on my DPR (Degree Progress Report) and prerequisites are based upon present date

requirements and not particularly the year of my plan.

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_