TELE-BEARS SCHEDULE FORM for: 

(Please use a ball point pen only and press firmly)

term 
year

MS. 
MR. 

LAST NAME 
FIRST NAME 
MIDDLE NAME 

LEVEL: 
FR, SO, JR, SR 

MAILING ADDR 
FOR NEW TERM: 
NUMBER and STREET 
CITY 
STATE 
ZIP CODE 

PHONE NO: (Area Code)

Is this a change of address? □ yes □ no If yes, be sure to change it on BEARFACTS also.

/ 

MAJOR/OPTION 

SID#: 
E-mail Address: 

GRAD DATE 

COURSE REQUESTS (Primary sections only): 

<table>
<thead>
<tr>
<th>CRS. CTRL. NO.</th>
<th>DEPT. &amp; COURSE NO.</th>
<th>UNITS</th>
<th>P/NP?</th>
<th>REPEAT?</th>
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TOTAL UNITS ____________

I will enroll in the courses and electives listed above. If I decide to make any changes, I will consult with my Student Affairs Adviser in 308 McLaughlin Hall. Additional approval from my Faculty Adviser may be required. I understand that failure to obtain approval for changes can result in disciplinary action.

Student’s Signature: __________________________ Date: ________________

Faculty Adviser’s Signature: __________________________ Date: ________________

Student Affairs Adviser’s Signature: __________________________ Date: ________________

STUDENT ACTIVITIES (for scholarship referrals)

Engineering Society ______________________________
Honors Society ______________________________
Extracurricular Activities ____________________________

PLEASE RETURN TO 4145 ETCHEVERRY HALL 
AND KEEP A COPY FOR YOUR RECORDS.