NRM Trial Card

Name _____ Semester/Term _____ 20_____

Primary Selection

Class No.	Subject	Cat No.	Sect	Description	Units	Instructor

Alternative Selection

Class No.	Subject	Cat No.	Sect	Description	Units	Instructor

Class Schedule

Hour	*Mon*	*Tue*	*Wed*	*Thur*	*Fri*
8:00					
9:00		9:30		9:30	
10:00					
11:00		11:00		11:00	
12:00		12:30		12:30	
1:00					
2:00		2:00		2:00	
3:00		3:30		3:30	
4:00					
5:00					
6:00					
7:00					