TERM _____

YEAR _____

NEW YORK UNIVERSITY

DEPT OF SOCIOLOGY

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PLANNED SCHEDULE FORM

COURSE ID	SECTION	TITLE	DAYS & TIMES	LOCATION	CREDITS	COURSE CALL NUMBER	ACCESS CODE	VARIABLE CREDITS
ALT								
ALT								

Student ID Number **N** ☐☐☐☐☐☐☐☐☐

TOTAL CREDITS ____

SCHOOL _____

_____

Student Name _____ Date _____ Advisor's Signature (Required) _____ Date _____

(Please Print)