

Date: _____

Advisor's Name: _____



KNOWING YOURSELF AND THE CLASSES YOU NEED!

Student Name: _____ **Banner ID#:** _____

Email Address: _____ Cell Phone #: _____

When do you prefer classes? Morning or Afternoon

Are you currently employed? Full Time Part Time Unemployed

Which Degree/Certificate program are you interested in? _____

Have you been awarded Financial Aid from Capital Community College? YES NO

How many classes do you plan to register for this semester? Please check the following boxes that apply:

1 class 2 classes 3 classes 4 classes

GBTGA _____

Do you know what classes you need to take this semester? YES NO

Your Action Plan: Days and times you prefer to have classes: (Please circle the following that apply)

_____ Mondays _____ Tuesdays _____ Wednesdays _____ Thursdays _____ Fridays _____ Saturdays

Courses Recommended based on your Placement Test Results

CRN	SUBJECT	COURSE	DAYS	TIMES

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