



Office of the Registrar
 322 Student Union
 Stillwater, Oklahoma 74078-1013
 405-744-6876, Fax 405-744-0426
 registrar@okstate.edu

TRIAL STUDY SEMESTER: [] Spring [] Summer [] Fall YEAR: 20__

STUDENT ID: _____

Name (please print - last, first, middle): _____

CRN (5 digits)	Course Prefix (2-4 letters)	Course Number (4 digits)	Credit Hours	M	T	W	R	F	S	
Total Credit Hours										

Should the original course and alternates requested become unavailable to the student, then the following courses may be substituted (List courses below):

STUDENT SIGNATURE _____

Date

ADVISER SIGNATURE _____

Date

Registrar Use: _____ Initials _____ Date _____

White - Registrar copy
 Yellow - Student copy
 Pink - Adviser copy