HOWARD PAYNE UNIVERSITY

EXTENSION CENTER
Class Schedule

Student ID#: _____ **Name:** _____
Last First

☐ **Update my Address:** _____
Street City State Zip

Extension Center: ☐ El Paso ☐ New Braunfels **Semester:** ☐ Fall ☐ Spring **Year:** _____

CLASS SCHEDULE

DEPT	COURSE NUMBER	SECT.	AUDIT	COURSE TITLE	DAY	TIME	INSTRUCTOR

Total Hours: _____ Student Signature: _____ Date: _____

Advisor/Extension Director: _____ Date: _____

NOTES

For Office Use:

Hours in progress: _____ Hours completed: _____ Math Status: _____

Hours still required: General Education _____ Major _____ Electives _____