



# Student-Athlete Course Request



NAME \_\_\_\_\_ BSU-ID \_\_\_\_\_ SEMESTER/YEAR \_\_\_\_\_

MAJOR \_\_\_\_\_ SPORT \_\_\_\_\_ PRACTICE TIMES \_\_\_\_\_

	REF. #	DEPT.	COURSE #	SECTION #	CREDITS	DAYS	TIMES
Ex:	12345	ENG	103	15	3	MWF	9:00 - 9:50

TOTAL CREDITS →

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00					
9:00					
10:00					
11:00					
12:00					
1:00					
2:00					
3:00					
4:00					
5:00					
6:00					
7:00					

*Complete this form and submit it to your athlete advisor. Check your BSU E-mail regularly.*