

Course Planning Form

Semester _____

Advising Appointment _____

Advising No. _____

Dept & No.	Credits	CRN	Course Title	Day(s)	Time
		<i>Total Semester Credits</i>			

Semester _____

Advising Appointment _____

Advising No. _____

Dept & No.	Credits	CRN	Course Title	Day(s)	Time
		<i>Total Semester Credits</i>			

Bitterroot College Program of The UM