

CALIFORNIA STATE UNIVERSITY, CHICO
DEPARTMENT OF ELECTRICAL & COMPUTER ENGINEERING
Course Schedule Plan for 20__ - __ Academic Year

Plan your courses for the coming year using the form below.
 Bring the completed form to your appointment with your departmental academic advisor.
 Advisor approval is required prior to registration.

Name _____
 Chico State ID _____

Phone: _____
 Email: _____

Current Semester - Spring 20__

Course Prefix	Number	Units
Total:		

Fall 20__

Course Prefix	Number	Units
Total:		

Spring 20__

Course Prefix	Number	Units
Total:		

Advisor _____

Signature: _____

Date: _____

