BRESCIA UNIVERSITY COLLEGE

Course Selection Worksheet

Name _____
Address _____
_____

Day Phone _____

Fax # _____

Student # _____
Year and Program_____
I would like to receive confirmation via:
Select one: Email □ Telephone □
E-mail_____

It may be necessary to adjust your timetable if we are unable to accommodate your choices.

If you are unable to submit courses through the Web Registration System, you may fax, mail, or deliver this form to:
Brescia University College
Registrar's Office
1285 Western Road
London, ON
Canada N6G 1H2
Fax: 519-858-5137
***Please Note:** Courses will not be added prior to your Appointment time. Please allow one week for processing.

SELECT COURSES WHICH CREATE A CONFLICT FREE TIMETABLE

	Subject	Course Number	Lecture Section	Class Number for Lecture Section	Laboratory Section	Class Number for Laboratory Section	Tutorial Section	Class Number for Tutorial Section
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								