NEW MEXICO TECH – New Student Schedule Planner

Name_____   **ID#**_____

Major:_____   **Email Address**_____

CRN -Course Ref. Num	Subject	Course Number	Section	Credit Hours	Course Titles	Days	Time

Advisor Name (Print):_____

Advisor Signature:_____

        Date:_____

APIN:_____*(student please keep this number for future use, this is the number you will use if you need to make changes to your registration.)*