

DEPARTMENT OF CLASSICS
GRADUATE STUDENT COURSE SCHEDULE

Student Name: _____

Date: _____

Term: _____

Course Schedule:

Ref. #	Course Prefix/ Number	Title	Instructor	Day/Time	Credits
				Total Hours:	

Please note that any changes to this schedule must be approved by the Director of Graduate Studies.

Student Signature: _____

Approved by: _____

DGS