# HOUGHTON COLLEGE COURSE SELECTION

PRINT_____ _____

Last Name First Initial Semester

| Call # | Subject | Course No. | Sec | Name of Course | Sem Hrs | M | T | W | R | F |
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**It is your responsibility to meet graduation requirements. Please see your advisor or Academic Records Office staff with any questions.**

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Student signature Advisor (1st)

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Date Advisor (2nd)