

D'Amore-McKim School of Business

Course Selection Form

Please list your course selections below in order of preference from 1-10. Please include all of the information requested.

Last Name: _____ **First Name:** _____

Course Number		Course Name
Example	ACCT 1100	Accounting Course Name
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

You will receive your final course schedule at orientation.