



# FRANK PHILLIPS COLLEGE SCHEDULE

Student \_\_\_\_\_

ID# \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_

SSN \_\_\_\_\_

**FALL MAIN TERM**

Course ID	Course Name	Sub Type	Sect #	Credit	Days	Start Time	End Time	Room #	Instructor	Advisor Approval

Please select your home campus:

Borger Campus

Rahll Campus in Dalhart

Allen Campus in Perryton

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only

\_\_\_\_\_ Semester

Test Scores: Test Type: \_\_\_\_\_

Math: \_\_\_\_\_

\_\_\_\_\_ Year

Reading: \_\_\_\_\_

Writing: \_\_\_\_\_