DELTA
LOUISIANA DELTA COMMUNITY COLLEGE

Trial Schedule

Student Name: _____ I.D. _____

Semester: F__ Sp__ Su__ Year: _____ Day ____ Evening ____

Degree Program: _____

Certificate: _____

TCA: _____

Name of Advisor: _____

Home Campus

___ Monroe Campus ___ Jonesboro Campus
___ Tallulah Campus ___ West Monroe Campus
___ Lake Providence Campus ___ Bastrop Campus
___ Ruston Campus ___ Winnsboro Campus

Call number	*Class Prefix*	*Class number*	*Course Description*	*Days*	*Time*	*Instructor name*	*Room*	*Notes*
EXAMPLE 3073D001	*ACCT*	*201*	*Financial Accounting*	*MWF*	*12:00-12:50*	*Smalling*	*L224*	
Alternate Courses								