Piedmont Community College
Trial Schedule

Semester __________________________

NAME: ___________________________________________  Student ID #: __________________________

(Last) (First) (MI)

ADDRESS: _______________________________________________________________________________

MAJOR: ______________________________________  PHONE NO.: ________________________________

Will you graduate at the end of the semester? YES □  NO □

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<tr>
<th>Course</th>
<th>SEC NO.</th>
<th>COURSE TITLE</th>
<th>CR HRS</th>
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TOTALS

Colleges and universities are asked by many, including the federal government, accrediting associations, college guides, newspapers, and your own college/university communities, to describe the racial/ethnic backgrounds of our students and employees. In order to respond to these requests, we ask you to answer the following two questions:

Do you consider yourself to be Hispanic/Latino Yes □  No □

Select one or more of the racial categories to describe you:

____ Caucasian/White
____ African American/Black
____ American Indian/Alaskan Native
____ Asian
____ Native Hawaiian or Pacific Islander

Student's Signature __________________________________________________________

Advisor's Signature __________________________________________________________

Date __________________________