**Must, Should, Could-Take Form**

**Springfield College**

**For Term & Year:**

| **Date of Meeting:** |  |
| --- | --- |
| **Student Name:** |  |
| **Student ID:** |  |
| **Major:** |  |
| **Advisor:** |  |

| **MUST-Take Courses***Only courses that keep you on track for your program and present challenges if not completed next semester. Consult with your advisor if you do not get into these courses.* |  |
| --- | --- |
| **SHOULD-Take Courses***These are courses that are important to take this upcoming semester or next, including prerequisites for future must-take courses.*  |  |
| **COULD-Take Courses***All Core Curriculum domains or major, minor, or concentration courses that are appropriate and have yet to be completed. It is important to have back up options in case your first-choice courses are full.* |  |

**Recommended to register for \_\_\_\_\_\_\_\_\_\_\_ credits**  **Registration Date and Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Additional important registration information (if necessary):**