

STUDENT REGISTRATION ADVISING FORM

NAME: _____

YEAR: 20__ _____

SPRING

FALL

(CIRCLE ONE)

FIRST CHOICES

CRN	SUBJECT	COURSE	SECTION	GEN ED	DAYS	TIMES	CR HRS	NOTES ~ Reason for taking, special permissions required, etc.

TOTAL CREDIT HOURS _____

SECOND CHOICES

CRN	SUBJECT	COURSE	SECTION	GEN ED	DAYS	TIMES	CR HRS	NOTES

Advisement meeting questions/issues:

Advisor Signature _____

Date _____