



ID # _____

ADVISING WORKSHEET

_____ Semester _____ Year

NAME	Last		First		Middle					
CURRENT STATUS	Freshman _____ Sophomore _____ Junior _____ Senior _____				EXP. GRAD DATE					
MAJOR					MINOR					
FAST SEARCH CODE	DEPT	COURSE NUMBER	SEC	COURSE TITLE	DAY AND TIME					CREDIT HOURS
					M	T	W	TH	F	

ALTERNATE COURSES & SECTIONS		TOTAL CREDIT HOURS	
Course #/Section			<i>Any student registering for more than five courses exceeding 16 credit hours must secure prior approval from the dean of their school or the associate provost during Add/Drop Week.</i>
Course # Section			
Course# Section			
Course# Section			

APPROVALS	
_____ STUDENT'S SIGNATURE	_____ DATE
_____ ADVISOR'S SIGNATURE	_____ DATE

ADVISORS – Please give one copy to your students, and keep a copy for your files.