



Quarter and Year _____ Advising Form

STUDENT _____ ADVISOR _____
 STUDENT PHONE _____ ADVISOR PHONE _____
 STUDENT-MAIL _____ ADVISOR-MAIL _____
 PRIMARY MAJOR _____ OTHER PROGRAM _____

Registration (Alternate) PIN

CRN #	COURSE PREFIX	COURSE #	SECT. #	COURSE TITLE	UNITS	TIME	DAYS
Total Units							

NOTES:

STUDENT SIGNATURE _____ DATE _____ ADVISOR SIGNATURE _____ DATE _____

127, & (\$FDGHP LF DGYLV LQJ ZDV FRPSOHWHG ZLWK DQ DWWHPSW WR HQVXUH DFFXUDF\ , I HUURUV DUH IRXQG SOHDV
 %XOOHWLQ UH)RQU \$FDGHP LF %XOOHWLQV YLVLDQ ZZZ ODVLHUUD HGX FRRUU XUULFXODU HWLVLW
 UH DGPLWWXG CHD U I UH HQYRUWK BQOL & R XU V 6H KHGX OI H V Z ODVLHUUD HGX FRRUU XUULFXODU HWLVLW
 ZZZ ODVLHUUD HGX \$FDGHP LF YLVLDQ J 27 UHJLVWUDWLRQ R Q H ZZZ ODVLHUUD HGX R Q H O H F W L R Q Z H O D V L H U U D U H F R U G V