

Quarter and Year _____ Advising Form for d Z E ^ & Z ^ d h E d ^

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

La Sierra ID# _____

Registration (Alternate) PIN _____

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

Total Units

Official Transcripts Needed.