ST. JOHN FISHER COLLEGE
3690 East Avenue
Rochester, New York 14618

WEB REGISTRATION ADVISING WORKSHEET

NAME_____ SEMESTER_____ ID:@_____

Approved Courses:

CRN	SUBJ	NUMBER	SECTION	TITLE	CREDITS	DAYS	TIME	NOTES

Approved substitute courses if above selections are not available:

CRN	SUBJ	NUMBER	SECTION	TITLE	CREDITS	DAYS	TIME	NOTES

Comments:

The advisor and student have consulted in the course selections. The student assumes final responsibility for these selections and all subsequent changes.

Advisor Signature _____ Date _____

Student Signature _____ Date _____

9/2003