



WEB REGISTRATION ADVISING WORKSHEET

NAME _____ Semester _____ ID: @ _____

Approved Courses:

CRN	SUBJECT	NUMBER	SECTION	TITLE	CREDITS	DAYS	TIME	NOTES
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

Approved substitute courses if above selections are not available:

CRN	SUBJECT	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