

REGISTRATION ADVISEMENT FORM

Student's Name: _____

Student's SSN: _____ - _____ - _____ Semester: _____

Date: _____ Discussion Points: _____

RECOMMENDED COURSES

Course Title	Course No.	Hours	Section	Time	Instructor

TOTAL HOURS RECOMMENDED: _____

Comments: _____

Note: The signatures below verify that I have had an advisement conference with my faculty advisor concerning courses I should take during the semester indicated. My advisor has approved the courses listed on the registration form.

_____ Student Signature

_____ Advisor Signature