

COURSE SELECTION FORM

Student Name: _____ Advising Code: _____

ID #: _____ Semester: _____

Major: _____ Advisor: _____

Course Selections

CRN	Dept. Abbrev.	Course #	Section #	Credit Hours	Times	Days	Comments
						<input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> R	
						<input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> R	
						<input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> R	
						<input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> R	
						<input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> R	
						<input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> R	
						<input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> R	
						<input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> R	
						<input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> R	
						<input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> R	
						<input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> R	
						<input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> R	

Alternate Course Selections

						<input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> R	
						<input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> R	
						<input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> R	

Advising Appointment Notes

The schedule above represents the courses selected in consultation with my advisor. I understand that it is the responsibility of the student to meet graduation requirements. If I have changes or questions about my schedule, I should consult my advisor.

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____