

Undergraduate Advisement Form

SEMESTER: _____

STUDENT NAME: _____

ID# K _____

ADDRESS: _____

City/State: _____

LOCAL PHONE: _____

E-MAIL: _____

MAJOR: AEEN CHEN CEEN CPEN CSEN EEEN EVEN IEEN

MEEN NGEN ITEN PPEN APEN (Check applicable field)

ADD/ DROP	CRN # (00000)	SEC# (001)	COURSE Number (Example: CHEN 1301)	CRDT HRS.	TIME	M	T	W	R	F	S	Satisfied Pre/Co- reqs? (Advisor Only)
												Yes /No
												Yes /No
												Yes /No
												Yes /No
												Yes /No
												Yes /No
												Yes /No
												Yes /No
												Yes /No
												Yes /No

Total Credit Hours: _____

Advisor Signature: _____ Date: _____

I, the undersigned student, do hereby acknowledge that:

1. I have been advised by my assigned advisor to register, add, or drop the above listed courses for the designated semester.
2. If I take a course that does not satisfy all pre/co-requisites requirements, I will be dropped from the course anytime, unless I get prior approval from my advisor, department chair, and the dean.
3. Any action taken by me without prior approval of my advisor could significantly delay my graduation and result in financial consequences.

Each student is responsible for knowing the academic regulations in the Catalog. Unfamiliarity with these regulations does not constitute a valid reason for failure to fulfill them.

Student Signature: _____ Date: _____