



Student Advising Sheet

Student Name	
Student ID	0000
Classification	
Semester / Year	
Date of Advising	

Suggested Course Schedule for Fall _____ Spring _____ Summer _____ CLIMB _____														
CRN	Course	Number	Section	Credit	M	T	W	R	F	S	Time	Override Y/N	Signature	
Total Number of Credit Hours Registered:					Alternate Pin:									

Student Signature _____ Date _____

Printed Name _____

Advisor Signature _____ Date _____

Printed Name _____

For Independent Study or Overload Only (Circle which one applies)	
Dean Signature:	Date:
Office of the Provost Signature:	Date: