



Student Advising Form - Class Schedule

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

Suggested Course Schedule for:					Fall		Spring		Summer			Student Type: Traditional		CLIMB	Graduate
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:

Date Entered in the Registrar's Office: _____ Entered by: _____