

# ADVISING SHEET

Please complete *both pages* of the Advising Sheet and email to your advisor, to have your CEM advisor hold removed.

Registration for (Year) \_\_\_\_\_ Spring Summer Fall (circle one)

Student Name \_\_\_\_\_ Faculty Advisor \_\_\_\_\_

Student ID \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Please enter the courses you plan to take during the upcoming semester below.

Department	Catalog Number	Credits	Catalog Number	Course Title

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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