

# SEECs

## ADVISING SHEET

Please complete the Advising Sheet bring it to your advising appointment or email it to your advisor. When the courses have been approved your advisor hold will be removed.

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

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

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

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

Please enter the courses you plan to take during the upcoming semester below. Note that you cannot enroll in a course until prerequisites have been met.

Department	Catalog Number	Credits	Class Number	Course Title

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

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

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