

# CSCI - 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:**  
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