

ADVISING FORM

College of Health Sciences

Last Name: _____ First Name: _____

ID#: _____ Major: _____ Minor: _____

Fall Yr	Spr Yr	Sum I Yr	Sum II Yr
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CRN	SUBJ Prefix	CRSE#	Title	Sec#	Time	Day	Major/ Minor	20____	20____	20____	20____
811	ENGL	1203	Composition I - <i>EXAMPLE ONLY</i>	007	9:00-9:50 AM	MWF	Major		3hrs		
TOTAL HOURS											

Notes: _____

Signatures: _____
Student
Advisor
Date

Original - Student's copy *Copy to Advisor (This will be placed in student's folder.)*

Log on to My.UAFS to enroll in classes.