



ADVISEMENT FORM - COURSE REGISTRATION

First Name _____ Last Name _____ V Number _____

Cell Phone Number _____ Email _____ Major _____

Semester _____ Year _____

Course Code _____ Title _____ CRN _____ Time _____ Day _____ Cr _____

Course Code _____ Title _____ CRN _____ Time _____ Day _____ Cr _____

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Course Code _____ Title _____ CRN _____ Time _____ Day _____ Cr _____

Course Code _____ Title _____ CRN _____ Time _____ Day _____ Cr _____

Course Code _____ Title _____ CRN _____ Time _____ Day _____ Cr _____

Total Credits _____

Semester _____ Year _____

Course Code _____ Title _____ CRN _____ Time _____ Day _____ Cr _____

Course Code _____ Title _____ CRN _____ Time _____ Day _____ Cr _____

Course Code _____ Title _____ CRN _____ Time _____ Day _____ Cr _____

Course Code _____ Title _____ CRN _____ Time _____ Day _____ Cr _____

Course Code _____ Title _____ CRN _____ Time _____ Day _____ Cr _____

Course Code _____ Title _____ CRN _____ Time _____ Day _____ Cr _____

Course Code _____ Title _____ CRN _____ Time _____ Day _____ Cr _____

Course Code _____ Title _____ CRN _____ Time _____ Day _____ Cr _____

Total Credits _____

I acknowledge that the courses on this form have been approved by my advisor.

I will consult with my advisor before registering for a course NOT on this form.

Course pre-requisites must be satisfied and my schedule must be adjusted if I do not meet these requirements.

I must follow formal procedures to drop or withdraw from classes according to the University [calendar](#).

I acknowledge that I am responsible for tuition, fees and all other costs in connection with the courses in which I enroll.

I understand that my financial aid and Satisfactory Academic Progress (SAP) are affected by the number of credit hours I enroll and pass.

Name _____ Signature _____ Date _____

Advisor Name _____ Signature _____ Date _____