

FALL 2009

ADVISOR COURSE APPROVAL FORM

<i>Student's Name:</i>		<i>Student ID:</i>	
<i>School:</i>		<i>Major:</i>	
<i>Concentration (if declared):</i>		<i>Minor (if declared):</i>	

**Selected Courses:**

	Course ID	Course Title	Comments
1.			
2.			
3.			
4.			
5.			
6.			

Make sure to select up to 5 **ALTERNATE COURSES** in case a first choice course is closed or causes a time conflict.

	Course ID	Course Title	Comments
1.			
2.			
3.			
4.			
5.			

I commit to pre-registering for the courses selected in agreement with my advisor during the Course Selection period. Registering for courses not on this list may result in my being dropped from them if necessary. I fully understand that it is my responsibility to meet the graduation requirements, and that registering for any course that does not meet my degree requirements may delay my graduation.

Student's Signature:		Date:	
Advisor's Name:			
Advisor's Signature:		Date:	

Coordinator's Approval: ..... Date:.....

Leave this form with your advisor