

Fall

ADVISOR APPROVAL FORM TO PRE- REGISTER

Student Name:		Student ID:	
School:		Degree:	
Concentration (if declared):		Minor (if declared):	

Selected Courses:

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

Make sure to select up to 3 ALTERNATE COURSES should a first choice course be closed or causes an unavoidable time conflict.

	Course ID	Course Title	Comments if any
1.			
2.			
3.			

I certify that I commit to the courses selected with my advisor during registration and add/drop. I fully understand that it is my responsibility to meet the graduation requirement, and by registering for any course that does not meet with my degree requirements will delay my graduation.

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