

GRADUATE ADVISING FORM

Student ID Number

Degree Objective

Major

Semester

Year

Last Name

First Name

M.I.

Current Address

City

State

Zip Code

Phone

Dept.	Course No.	Call No.	Credit Hours	Time	Days	Session

TOTAL CREDITS

ALTERNATE COURSES

Dept.	Course No.	Call No.	Credit Hours	Time	Days	Session

TOTAL ALTERNATE COURSE(S) CREDITS

OVERLOAD/UNDERLOAD

Total hours for which student wishes to enroll this semester

Student's G.P.A

Number of "incomplete" hours on student's record

Justification for overload/underload:

Date

Advisor/Major Professor _____