College of Agricultural, Food and Life Sciences
Advising Form

Date ________________

Last Name ____________________________________________
First Name ____________________________________________
ID # ____________________________ Class __________ Major __________

Was advised to register for the following courses for the ______________________________ term:

You are required to take the following courses for the timely completion of your degree:

1. ____________________________________________
2. ____________________________________________
3. ____________________________________________
4. ____________________________________________
5. ____________________________________________
6. ____________________________________________

You may choose from among the following classes:

1. ____________________________________________
2. ____________________________________________
3. ____________________________________________
4. ____________________________________________

Selected courses meet requirements of the Eight Semester Degree Completion Program

STUDENT VERIFICATION: I understand that this course enrollment assumes I will successfully complete any pre-requisites before taking the courses listed here.

Advisor’s Signature ____________________________

Student’s Signature ____________________________

Total Credits: ____________ (minimum__ / maximum__) (Students on Academic Warning limited to 12 hours)

Student’s copy - white
Advisor’s copy - yellow