Name: My Advisor:

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| --- | --- | --- |
| Possible Class for WHICH TERM:  (choose one) | Fall  Spring  Summer | Year: |
| Course Title | Course Number (CRN) | Credit Hours |
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| Back up Course | Course Number | Credit Hours |
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|  |  |  |

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| --- | --- |
| Goal # of credit hours for the semester  Note: To be full-time, students must enroll in 12 or more credits. |  |

Based on what is listed in DegreeWorks, what is you estimated graduation date:

Questions I have for my advisor?

Notes:

|  |  |
| --- | --- |
| Time Ticket  (aka the earliest you can go and register for the following term) |  |

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Advisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_