

ADVISING FORM

College of Health Sciences

Last Name: _____ First Name: _____

ID#: _____ Major: _____ Minor: _____

Fall Yr	Spr Yr	Sum I Yr	Sum II Yr
------------	-----------	-------------	--------------

CRN	SUBJ Prefix	CRSE#	Title	Sec#	Time	Day	Major/ Minor					
811	ENGL	1203	Composition I - EXAMPLE ONLY	007	9:00-9:50 AM	MWF	Major		3hrs			
TOTAL HOURS												

Notes: _____

Signatures: _____
Student
Advisor
Date

Original - Student's copy Copy to Advisor (This will be placed in student's folder.)

Log on to My.UAFS to enroll in classes.