

ADVISOR WORKSHEET

Student Name:		CWID:	
Semester:		Major:	Date:
CRN #	Course 1:		
CRN #	Course 2:		
CRN #	Course 3:		
CRN #	Course 4:		
CRN #	Course 5:		
CRN #	Course 6:		
CRN #	Course 7:		
CRN #	Course 8:		
CRN #	Course 9:		
CRN #	Course 10:		
Additional Advisory Notes:			
Advisor Name:			
Advisor Signature:		Date:	

I acknowledge that the above listing of courses has been presented to me as appropriate for my major field of study and my educational goals. I will be responsible for the consequences and implications that may result from any course selections that I make that are not in conformity with the above listing. I am aware that I may return to my academic advisor to modify this list should circumstances require such action.

Student Signature **Date**

