

**COLLEGE OF PROFESSIONAL STUDIES**  
**Student Advising Worksheet**

Use this form to list the courses you should register for in the upcoming semester in order to achieve your academic goals. Please include enough courses to allow for the possibility of closed sections.

Name: \_\_\_\_\_ ID No.: A00 \_\_\_\_\_

Advisor's Name: \_\_\_\_\_

Major: \_\_\_\_\_ Term: \_\_\_\_\_

CRN	Department	Course Number	Section	Credit Hours	Days/Times	Building/Room Number

**Advising Notes**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

PIN# \_\_\_\_\_ Registration Date: \_\_\_\_\_