

# Graduate School Registration and Advisement Form

Student T-number      Last Name      First Name      Middle Initial      Term      Year

Street address, city, state, zip code      Telephone

Program Area      Program Coordinator or Advisor

The following courses have been recommended for the above named student for the semester indicated. Any deviation from this recommended program of study must be reported to the program coordinator or advisor.

Alpha Code	Course Number	Section	Credit Hours	Audit (Y/N)	Title
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total number of credits approved for this semester: \_\_\_\_\_

Advisement for alternative courses is optional at the discretion of the Graduate Coordinator or Advisor.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Coordinator/Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

