

# ADVISING FORM

College of Health, Education, and Human 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	ENG	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.