



ADVISEMENT / REGISTRATION AUTHORIZATION

NOTE TO STUDENTS ▶ AFTER PARTS I AND II HAVE BEEN COMPLETED, AND ALL REQUIRED SIGNATURES, AUTHORIZATION STAMPS, AND WAIVERS AFFIXED, BRING THIS FORM TO THE OFFICE OF THE REGISTRAR, ASBURY BUILDING.

PART I (To be completed by student)	NAME (Last, First, M.I.)	SEMESTER	INTENDED GRADUATION DATE
SCHOOL / COLLEGE OR NON-DEGREE	DEGREE OBJECTIVE	DECLARED MAJOR OR INTENDED MAJOR	Year
PLEASE COMPLETE THE FOLLOWING, CHECKING THE APPROPRIATE BOX		DECLARED SECOND MAJOR	MINOR
<input type="checkbox"/> UNITED STATES CITIZEN	<input type="checkbox"/> PERMANENT RESIDENT (Non-U.S. Citizen)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
PERMANENT (HOME)/ADDRESS		CITIZENSHIP	
IN SESSION (LOCAL) ADDRESS (other than dormitory) Street, Number and Apartment Number or RFD		VISA TYPE	
Country (if not U.S.)	City	State	
Telephone Number	Telephone Number	Zip Code	
Area Code ()	Area Code ()	SHOULD YOUR ADDRESS AND PHONE NUMBER BE CONSIDERED UNLISTED FOR DIRECTORY INQUIRIES? <input type="checkbox"/> YES <input type="checkbox"/> NO	

PART II-A (To be completed by advisor)

COURSES ADVISED FOR FALL SPRING SUMMER, 19_____

COURSE NUMBER AND SECTION	TITLE	SEM. HRS.	GENERAL EDUCATION REQUIREMENT?	GRADE TYPE			PREREQ. LISTED?	PREREQUISITES MET?	DEPARTMENT WAIVER AND/OR AUTHORIZATION
				A	F	AUD			
			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> WAIVED	
			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> WAIVED	
			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> WAIVED	
			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> WAIVED	
			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> WAIVED	
			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> WAIVED	
			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> WAIVED	

UNLESS WAIVED BY THE DEPARTMENT OFFERING A COURSE, ALL PREREQUISITES LISTED IN THE SCHEDULE OF CLASSES MUST BE MET.

PART II-B

LIST INDEPENDENT STUDY, INTERNSHIP, COOP OR CONSORTIUM COURSE BELOW. ATTACH A DROP/ADD/REGISTRATION CHANGE FORM FOR EACH ADDITIONAL UNIQUE TITLE COURSE.

A.U. Course No. and Section	Sem. Hrs.	Grade Type A F Aud PIF	Unique Title or Consortium Course Title (limit to 30 characters)	DATE	DEAN/DEPARTMENT CHAIRPERSON AUTHORIZATION	DATE	COOPERATIVE EDUCATION AUTHORIZATION	DATE	Instructor's Last Name or Consortium School's Course Number (limit to 9 characters)

PART II-C (Advisor's Notes)

ALTERNATE COURSES ADVISED

RESTRICTIONS (IF ANY)

COMMENTS

ADVISOR NAME (Please Print)	DEPARTMENT	STUDENT SIGNATURE	DATE
ADVISOR SIGNATURE	DATE	INTERNATIONAL STUDENT/ADVISOR'S SIGNATURE (Required of all NEW international students and of continuing students in F1/J1 status)	DATE