

CHEMICAL & BIOMOLECULAR ENGINEERING ADVISING FORM

Name: _____

Student ID: **J00** _____

Telephone: _____ \sqrt if cell

Advisor: _____

Email: _____ @jaguar1.usouthal.edu

Other email: _____

Completed forms are to be submitted to the advisor during advising appointments. The signed form must be returned to the ChBE office for registration clearance procedures.

Current Courses:

Spring 2010

Anticipated Grade	Dept. / Course	Sec	CR	Days	Time	Course Title

Proposed Courses:

Summer 2010

Course ID	Dept. / Course	Sec	CR	Days	Time	Course Title	
							On-Job
							Hours/week
							Total
							Credit hours

Proposed Courses:

Fall 2010

Course ID	Dept. / Course	Sec	CR	Days	Time	Course Title	
							On-Job
							Hours/week
							Total
							Credit hours

Advisor Notes:

 Student's Signature

 Date

 Advisor's Signature

 Date