

CHEMICAL ENGINEERING ADVISING FORM

Name: _____

Student ID: **J00** _____

Telephone: _____ \sqrt if cell

Advisor: _____

Email: _____ @jaguar1.usouthal.edu

Other email: _____

Current Courses:

				Fall 2009		
Anticipated Grade	Dept. / Course	Sec	CR	Days	Time	Course Title

Proposed Courses:

				Spring 2010			
Course ID	Dept. / Course	Sec	CR	Days	Time	Course Title	
							On-Job
							Hours/week
							Total
							Credit hours

Proposed Courses:

				Summer 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