

ENGINEERING ADVISING FORM

Name: _____

Student No. _____

Local Add: _____

Advisor: _____

Phone #: _____

DO YOU HAVE PCS? ___

Email add: _____

Will you be working next semester? yes___, no___ How many hours per week? _____

DEPT	COURSE NO.	COURSE TITLE	Anticipated Grade

Anticipated Date of Graduation _____

CURRENT SEMESTER

DEPT	COURSE NO.	COURSE TITLE	CREDIT HRS
Total			

UPCOMING SEMESTER

TIME	DAYS

DEPT	COURSE NO.	COURSE TITLE	CREDIT HRS
Total			

_____ **SEMESTER**

Advisor's Notes: _____

 Student's Signature Date

 Advisor's Signature Date