

GRADUATE ADVISEMENT FORM

_____ date

I have advised _____ student

_____ R#

to take the following courses in the _____ semester:

Course Number	Title of Course	Course Time
TH A _____	_____	_____
TH A _____	_____	_____
TH A _____	_____	_____
TH A _____	_____	_____

OTHER: _____

_____ PRINT Designated Faculty NAME

_____ Designated Faculty Signature

- COPIES:
1. One to student
 2. One to Abby Chowning