

## Academic Advising Form

Name and	ULID: _	
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\_\_\_\_\_ Major: \_\_\_\_\_

Phone Numbe: \_\_\_\_\_ Catalog: \_\_\_\_\_ Hours Working Weekly: \_\_\_\_\_

Students are required to meet with their academic advisor each semester prior to registering. This fo be completed by the student before the advising appoint Pleats refer to the UL catalog for course selections

Current Courses,\_\_\_\_\_

Course Name (EX: ENGL 101)	Hours

PlannedCourses,\_\_\_\_\_

Course Name (EX: ENGL 101)	Hours

PlannedCourses,\_\_\_\_\_

Course Name (EX: ENGL 101)	Hours

## **Alternative Courses**

Course Name (EX: ENGL 101)	Hours

Notes:			

Advisor: \_\_\_\_\_

Date:

Student: \_\_\_\_\_

Date: \_\_\_\_\_