

Student Name: _____ **Student ID:** _____

I understand the importance of not deviating from my advisors recommended course schedule when I register for my classes on the web. I also understand that failure to discuss changes I make to my current schedule (or future schedule) may result in delays that could adversely affect my projected graduation date. **I understand that I must make a grade of "C-" or better on ALL prerequisite courses. Failure to obtain a "C-" or better will result in having to repeat the course.**

Student Signature: _____ **Date:** _____

Year:	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	Comments
Dept. & Course#	Cr Hrs	Course Title		

Year:	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	Comments
Dept. & Course#	Cr Hrs	Course Title		

Year:	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	Comments
Dept. & Course#	Cr Hrs	Course Title		

Advisor Approval: _____ **Date:** _____