Louisiana Tech University

ADVISING FORM

Quarter WINTER 2014

STUDENT NAME: DOE (LAST) JOHN (FIRST) (MIDDLE) CWID# 102-XX-XXX

SUBJECT/COURSE #/SECTION #	CALL #	HRS.	SPECIAL PERMISSION SIGNATURE (IF REQUIRED)	M	T	W	R	F
Example: ENGR 425 001	64507	3		8-9:15		8-9:15		8-9:15
ENGR 221-001	20769	3		10-11:50		10-11:50		10-11:50
MATH 244-002	21252	3			10-11:50		10-1:50	
MEMT 203-001	21293	3		2-3:15		2-3:15		2-3:15
KINE 280-001	21079	3		1230-145		1230-145		1230-145
		12	HOURS					

ALTERNATE COURSE CHOICES (LIST SEVERAL)

John Doe 10/20/13
STUDENT SIGNATURE/DATE

ADVISOR SIGNATURE/DATE

DEAN'S SIGNATURE/DATE
(REQUIRED FOR 13 OR MORE HRS)

VP FOR ACADEMIC AFFAIRS SIGNATURE/DATE
(REQUIRED FOR 15 OR MORE HRS)

STUDENT COPY