

## Advisor Schedule Recommendation

Fall  Spring  Summer  Year \_\_\_\_\_

PUID \_\_\_\_\_ NAME \_\_\_\_\_

MAJOR(S) \_\_\_\_\_ PROGRAM \_\_\_\_\_

MINOR(S)/CONCENTRATION(S) \_\_\_\_\_ CATALOG TERM \_\_\_\_\_

	Subject / Course Number / Title / Requirement	Must Take This Term	Credit Hours	CRN (student use only)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				

Total Recommended Credit Hours: \_\_\_\_\_

Possible alternative selections if above courses are not available:

	Subject / Course Number / Title / Requirement	Credit Hours	CRN (student use only)
1.			
2.			
3.			
4.			
5.			

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Students are responsible for meeting course prerequisites, fulfilling degree requirements, and are ultimately responsible for their own educational plan and academic success.

APPROVED SCHEDULE

DATE: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ @purdue.edu

Student Signature: \_\_\_\_\_ @purdue.edu

REGISTRATION PIN #: \_\_\_\_\_ ACTIVE DATE: \_\_\_\_\_