

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: _____