ADVISING FORM

Last Name: _____ **First Name:** _____

SMC ID#: _____ **Class of:** Choose one...

MAJOR 1: _____ (use abbreviations)
MAJOR 2: _____
MINOR 1: _____
MINOR 2: _____

WORKSHEET

GENERAL EDUCATION REQUIREMENTS:

CRN	DEPT	COURSE#

MAJOR REQUIREMENTS:

CRN	DEPT	COURSE#

ELECTIVES:

CRN	DEPT	COURSE#

COURSE CHOICES

CRN	DEPT	COURSE#	CREDIT	TIME	DAYS	APPROVAL
Example: 77001	COMM	224	3	11-12:15	TR	
		Total Hours	0			

ALTERNATE COURSES

CRN	DEPT	COURSE NUMBER	CREDIT	TIME	DAYS

Revised: 10/20/10