

# Undergraduate Advising Form

Name: \_\_\_\_\_ WSU ID: \_\_\_\_\_ Advisor: \_\_\_\_\_ Semester/Year \_\_\_\_\_ Advising Date: \_\_\_\_\_

Major(s): \_\_\_\_\_ Minor: \_\_\_\_\_

- Fall \_\_\_\_\_  
 Spring \_\_\_\_\_  
 Summer \_\_\_\_\_

<b>Registration</b>
Date: _____
Time: _____

## Course Details/Alternate Courses

#	Course Title & Number	Section	Credits	SLN	Degree Req.	UCORE	Gen. Elect.	Minor	Days/Times
1									
2									
3									
4									
5									
6									
7									
8									

## Weekly Schedule

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8:00–9:00 a.m.					
9:00–10:00 a.m.					
10:00–11:00 a.m.					
11:00 a.m.–noon					
Noon–1:00 p.m.					
1:00–2:00 p.m.					
2:00–3:00 p.m.					
3:00–4:00 p.m.					
4:00–5:00 p.m.					
5:00–6:00 p.m.					
6:00–7:00 p.m.					
7:00–8:00 p.m.					
8:00–9:00 p.m.					
9:00–10:00 p.m.					

Comments:

<p><b>Writing Portfolio Complete?</b>  <input type="checkbox"/> Yes   <input type="checkbox"/> Not Yet: _____   <input type="checkbox"/> N/A  <small>Anticipated date of completion</small></p> <p><b>Read/Understand Degree Audit?</b></p> <p>_____</p> <p>Initial</p> <p><b>Student Signature:</b></p> <p>_____</p> <p><b>Advisor Signature:</b></p> <p>_____</p>
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