

## Advisor Schedule Recommendation

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

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

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

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

	Subject / Course Number / Title / Requirement	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: \_\_\_\_\_

Contact Information

REGISTRATION PIN #: \_\_\_\_\_ ACTIVE DATE: \_\_\_\_\_ CANDIDATE: yes  no