

# E&EE ADVISING FORM

NAME \_\_\_\_\_

Last

First

M. \_\_\_\_\_

SSN \_\_\_\_\_

CHECK HERE IF WPE PASSED: \_\_\_\_\_

CHECK HERE IF ON ACADEMIC PROBATION: \_\_\_\_\_  
(If checked, you must see the Dept. Chair or his representative to have the hold removed from your registration record.)

Disclaimer

This form is for advising purposes only and is, in part, based on information supplied by the student. Variations from degree requirements and course substitutions must be approved by the E&EE Department Chair and officially submitted to Admissions and Records.

\_\_\_\_\_  
STUDENT SIGNATURE

## Plan for Future Semesters

Fall \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Spring \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Fall \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Spring \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

\_\_\_\_\_  
ADVISOR'S SIGNATURE

\_\_\_\_\_  
DATE