UAFS
COLLEGE OF HEALTH, EDUCATION, AND HUMAN SCIENCES

ADVISING FORM

College of Health, Education, and Human Sciences

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

ID#: _____ **Major:** _____ **Minor:** _____

CRN	SUBJ Prefix	CRSE#	Title	Sec#	Time	Day	Major/ Minor	Fall Yr	Spr Yr	Sum I Yr	Sum II Yr
811	*ENGL*	*1203*	*Composition I - EXAMPLE ONLY*	*007*	*9:00-9:50 AM*	*MWF*	*Major*		*3hrs*		
							TOTAL HOURS				

Notes: _____

_____

Signatures: _____ _____ _____

Student Advisor Date

Original - Student's copy

Copy to Advisor (This will be placed in student's folder.)

Log on to My.UAFS to enroll in classes.