

Advisement / Registration Form

Year: _____ **Semester:** _____ Fall _____ Winter _____ Spring _____ Summer I II III

SID: _____ **Date:** _____

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

1. Whether or not you attend classes, registration for classes obligates you to pay in full all tuition and fees unless you officially drop classes in accordance with the refund schedule published in the Schedule of Classes for that semester.
2. Some of your financial aid awards may be reduced or cancelled if: (1) You register for courses that have not been approved by your advisor and/or courses that are not applicable to your degree requirements or; (2) Change from full-time to part-time status.

Degree: _____

Transcript Used: _____ Yes _____ No

Degree Sheet Used: _____ Yes _____ No **Year:** _____

Degree Audit Used: _____ Yes _____ No

XACS Registration Clearance: _____ Yes _____ No

Advisor Comments/Notes

Advisor Name (please print): _____

Advisor Signature: _____

Dept.	Course #	Section #	Title	Credits	Day(s)	Time

I have determined that the courses I am registering for are appropriate to my degree and/or interests and I accept financial responsibility for this registration.

Signature: _____

Date: _____