PRE-ADVISING Form

Advising for Semester/Year: _____ Date: _____

Name_____ WIN _____

ADMITTED: Y N

List each course you are interested in taking:

Course CRN	Course Ref. Number	Course Title and Credit Hours	Days	Times
_____	_____	_____	M W F	_____
_____	_____	_____	M W F	_____
_____	_____	_____	M W F	_____
_____	_____	_____	M W F	_____
_____	_____	_____	M W F	_____
_____	_____	_____	M W F	_____

Course Number	Course Ref. Number	Course Title and Credit Hours	Days	Times
_____	_____	_____	T R	_____
_____	_____	_____	T R	_____
_____	_____	_____	T R	_____
_____	_____	_____	T R	_____
_____	_____	_____	T R	_____
_____	_____	_____	T R	_____