College of Arts and Sciences
Advising and Course Scheduling

_____
semester year

Student Name _____ Local Address _____
Last *First* *Middle*

Email Address _____ Social Security Number _____ Advisor & Dept. _____

Major _____ Minor _____ Concurrent Major _____ Preprofessional Interest: _____

Course Call Number	Dept. Name	Course Number	Sect	Lect. Lab. Disc.	Grade Mode S/U or A-F	Credit Hours	Fulfills: USP, A&S, Major, Minor or Elective?	Course Meeting Times					Bldg.	Rm.
								Mon	Tues	Wed	Thurs	Fri		

Recommended Alternate Courses and/or Categories:

_____ _____ _____ _____

_____ _____ _____ _____

Student Signature _____ Date _____ Advisor Signature _____ Date _____

NOTES:

*** This form must be completed and signed before the student receives the PERC number for registration.** Distribution: White-student; Color-file

R:/AS-Advisors/Forms-Stu/CourseRequest 4/4/2003