

Advisor Schedule Recommendation

Fall Spring Summer Year _____

PUID _____ NAME _____

MAJOR(S) _____

MINOR(S)/CONCENTRATION(S) _____

	Subject / Course Number / Title / Requirement	Credit Hours	CRN (student use only)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			

Total Recommended Credit Hours: _____

Possible alternative selections if above courses are not available:

	Subject / Course Number / Title / Requirement	Credit Hours	CRN (student use only)
1.			
2.			
3.			
4.			
5.			

NOTES:

Students are responsible for meeting course prerequisites, fulfilling degree requirements, and are ultimately responsible for their own educational plan and academic success.

APPROVED SCHEDULE

DATE: _____

Advisor Signature: _____ @purdue.edu

Student Signature: _____
Contact Information

REGISTRATION PIN #: _____ ACTIVE DATE: _____ CANDIDATE: yes no