

Remote Advising Form (to replace blue form)

This must be completed by the student, and approved by the advisor, *prior* to the Advising hold being lifted.

Name _____ ULID _____

Major (as of this Semester) _____

Current Courses, Fall Spring
(select one) _____ (year)

	Subject	Course #	Credits
1			
2			
3			
4			
5			
6			
7			
8			

Courses to Schedule, Fall Spring
(select one) _____ (year)

	Subject	Course #	Credits
1			
2			
3			
4			
5			
6			
7			
8			

Courses to Schedule, Fall Spring
(select one) _____ (year)

	Subject	Course #	Credits
1			
2			
3			
4			
5			
6			
7			
8			

Alternative Courses

	Subject	Course #	Credits
1			
2			
3			

Alternative Courses

	Subject	Course #	Credits
1			
2			
3			
4			

Students signing this form understand that it is their responsibility to list their current courses accurately and check for all prerequisite and co-requisite requirements for intended future courses. Failure to do so will result in removal from courses and may result in a designation of a grade for withdraw = "W".

Type your name, the date, and your ULID number this serves as your electronic signature for this form

Student Signature _____ Date _____

Student Cell # _____

Advisor Signature _____ Date _____