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UNIVERSITY OF SOUTH CAROLINA ADVISEMENT FORM

Do not save to a public computer.

STUDENT ID NUMBER *	STUDENT NAME *	ADVISOR NAME	TERM

* ID number and name changes must be made at the Office of the University Registrar

COLLEGE/SCHOOL **	MAJOR / INTEREST **
DEGREE SOUGHT **	

Comments/Notes

Phone E-Mail Address

DEPT.	COURSE	CREDIT	ALTERNATE		REMARKS
			DEPT.	COURSE	

Any deviation from this recommended program of study must be reported to the academic advisor immediately following registration. Advisement for alternative courses is optional at the discretion of the academic advisor.

I understand that adherence to this program of study is necessary in order to make progress toward the degree indicated. I understand that I may be removed from any class for which prerequisites or other defined requirements have not been met.

STUDENT'S SIGNATURE _____ Date _____

ADVISOR'S SIGNATURE _____ Date _____