

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