

# Faculty Registration Advising

Plan for:  Summer  Spring \_\_\_\_\_  
 Fall \_\_\_\_\_ Year

CWID: \_\_\_\_\_

Name \_\_\_\_\_  
Last First

Major(s): \_\_\_\_\_

Minor(s): \_\_\_\_\_

Curriculum Recommendations: \_\_\_\_\_

Advisor Quick Check	
<input type="checkbox"/> PIN Cleared	<input type="checkbox"/> Reminders/Referrals
<input type="checkbox"/> DegreeWorks Worksheet	Graduation Application _____
Core Reviewed _____	Grad School Prep _____
Major Reviewed _____	Research Opportunities _____
Minor Reviewed _____	Internships _____
2 <sup>nd</sup> Maj/Min Reviewed _____	Study Abroad _____
120 hrs. Reviewed _____	Experiential Learning _____
A&S hrs. Reviewed _____	Career Center _____
300/400 hrs Reviewed _____	A&S Professional Advisor _____
GPA Reviewed _____	Pre-health/Pre-law advisor _____
Transfer Cred. Expected _____	Center for Academic Success _____
<input type="checkbox"/> DegreeWorks Planner	Writing Center _____
Next semester _____	Health Center _____
Graduation (4 yr) _____	Counseling Center _____
Study abroad _____	Financial Aid _____
	Departmental Offices _____

You are responsible for ensuring that the courses you select will fulfill degree requirements and meet prerequisites or co-requisites. Advisors are not responsible for courses you take that do not apply toward degree requirements or delay graduation.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Please be prepared with a list of courses and/or questions.  
**Full-time status** is  $\geq 12$  hrs. Tuition is the same 12-16 hrs. Special permission and 3.0 UA GPA required for  $>18$  hrs.

## Advisor Use Only

Needed  
for  
Prereq.

	Courses	Hours	Alternates	Hours	Notes
<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____

Advisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_