



Academic Advising Form

Name and ULID: _____ **Major:** _____

Phone Number: _____ **Catalog:** _____ **Hours Working Weekly:** _____

Students are required to meet with their academic advisor each semester prior to registering. This form must be completed by the student before the advising appointment. Please refer to the [UL catalog](#) for course selections.

Current Courses, _____

Course Name (EX: ENGL 101)	Hours

Planned Courses, _____

Course Name (EX: ENGL 101)	Hours

Planned Courses, _____

Course Name (EX: ENGL 101)	Hours

Alternative Courses

Course Name (EX: ENGL 101)	Hours

Notes:

Registration Day/Time:

Advisor: _____

Date: _____

Student: _____

Date: _____