



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 registration. 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

Notes:

Alternative Courses

Course Name (ex: ENGL 101)	Hours

By signing this advising form, I understand that choosing courses outside of my program of study as listed in the catalog may result in additional tuition and fees per [CPoS policy](#).

Registration Day/Time:

Advisor: _____

Date: _____

Student: _____

Date: _____