STUDENT ADVISING WORKSHEET

Dear Student:
Please use this form to list the courses you should register for in the upcoming semester based on your academic goals. Please include enough courses to allow for the possibility of closed sections. It is your responsibility to use the list of approved courses found at FVSU Dynamic Schedule to find classes that satisfy your scheduling needs.

Name: _____ **Student ID#** _____

Major: _____ **Term:** _____

Term	CRN	Department	Course Number	Section	Credits

Recommended Future Courses (Please also visit MyFVSUDegree)

Notes:

Total Credits | | 0 | | 0

Student's Signature: _____ **Date:** _____

Advisor's Signature: _____ **Date:** _____

PIN: _____ **Registration Date:** _____