



Quarterly Advising Sheet

Date: _____

Name: _____ SID#: _____

Email: _____ Phone: _____

Degree: _____

Registration Date/Time: _____ Quarterly Pin: _____

Quarter:

Year:

DEPT	COURSE #	ITEM #	SEC	CR	TITLE	DAYS	TIMES

Notes:

To-Do:

Advisor met with: _____ Email: _____

Referred to: _____ Email: _____

*Disclaimer: This is a quarterly class plan, not a registration form. It is the student's responsibility to ensure they register for classes on time.