Louisiana Tech University

ADVISING FORM

Quarter_____

STUDENT NAME: _____ **CWID#** _____

LAST FIRST MIDDLE

SUBJECT/COURSE #/SECTION #	CALL #	HRS.	SPECIAL PERMISSION SIGNATURE (IF REQUIRED)	M	T	W	R	F
Example: ENGR 425 001	64507	3		8-9:15		8-9:15		8-9:15

ALTERNATE COURSE CHOICES (LIST SEVERAL)

_____
STUDENT SIGNATURE/DATE

_____
ADVISOR SIGNATURE/DATE

_____
DEAN'S SIGNATURE/DATE
(REQUIRED FOR 13 OR MORE HRS)

_____
VP FOR ACADEMIC AFFAIRS SIGNATURE/DATE
(REQUIRED FOR 15 OR MORE HRS)