

TEXAS WOMAN'S UNIVERSITY

Advising Sheet

Name _____
LAST
FIRST
M

Student ID _____ Major _____ Advising Plan for: FA SP SS 20_____



COURSE CODE	DEPARTMENT	COURSE NO.	SECTION NO.	DAYS / TIME
<input style="width: 80%;" type="text"/>	<input type="checkbox"/>	_____	_____	_____
<input style="width: 80%;" type="text"/>	<input type="checkbox"/>	_____	_____	_____
<input style="width: 80%;" type="text"/>	<input type="checkbox"/>	_____	_____	_____
<input style="width: 80%;" type="text"/>	<input type="checkbox"/>	_____	_____	_____
<input style="width: 80%;" type="text"/>	<input type="checkbox"/>	_____	_____	_____
<input style="width: 80%;" type="text"/>	<input type="checkbox"/>	_____	_____	_____
<input style="width: 80%;" type="text"/>	<input type="checkbox"/>	_____	_____	_____

ALTERNATE COURSES:

COURSE CODE	DEPARTMENT	COURSE NO.	SECTION NO.	DAYS / TIME
<input style="width: 80%;" type="text"/>	<input type="checkbox"/>	_____	_____	_____
<input style="width: 80%;" type="text"/>	<input type="checkbox"/>	_____	_____	_____
<input style="width: 80%;" type="text"/>	<input type="checkbox"/>	_____	_____	_____

COMMENTS:

Advisor Signature

Date

Student Signature

Date