

Advising Form

Year: _____ Fall Spring

Name: _____ ID: _____

Phone # _____ Email: _____

Degree: _____ Major: _____ Minor: _____

Estimated Graduation/Completion Date: _____

Does Student Receive VA Benefits? Yes No
 Does Student Participate in UMHB Athletics? Yes No

Monday/Wednesday/Friday					Tuesday/Thursday				
Time	Prefix	Number	Section	Lab	Time	Prefix	Number	Section	Lab

Registration is not complete until it is processed through the Registrar's and Cashier's Offices.

8:00					8:00				
9:00					9:30				
10:00					11:00				
11:00 A 11:00 B					12:30				
12:00					2:00				
1:00					3:30				
2:00					Monday Night				
3:00					Tuesday Night				
4:00					Wednesday Night				
Indep Stdy/ Comp. Exam					Thursday Night				

Advisor Signature: _____ Date: _____

Printed Signature: _____

Overload Approval (19+ Hours) Academic Dean: _____