CSEM ADVISING FORM

Please fill out the following and have your advisor (or mentor) REVIEW AND SIGN BELOW. Then sign up for an advising time with the Graduate Advisor. This form must be turned in to the Graduate Coordinator in order to have your Advising Bar lifted. The information you provide only applies to the semester indicated on this form.

NAME _____ **EID**_____

SEMESTER FALL _____ SPRING _____ SUMMER _____
year year year

Faculty Advisor / Mentor (circle one) _____

Option: CAM or CES (circle one)

PROPOSED COURSE SCHEDULE:

	Course	This course will apply to Area (CIRCLE)	If a conference course, indicate the faculty member who will work with you.
1.		A B C	
2.		A B C	
3.		A B C	
4.		A B C	

Type of funding and department or faculty _____

REQUIRED SIGNATURES:

Faculty Advisor/ Mentor _____ Date _____

Graduate Advisor _____ Date _____

FOR ADMINISTRATIVE USE

BAR LIFTED ____ DATE _____ AUTH SIG _____