

# Graduate Advising Form

Student Name: \_\_\_\_\_ ID: \_\_\_\_\_

<b>Term &amp; Year</b> (Spring, Fall, Summer)	<b>Course Title &amp; Catalog #</b>	<b>Section</b>

Comments:

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\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

**\*Advisors – Please do not remove advising hold. Once this form is turned into the CSCE main office the hold will be removed.**

Hold Removed By: \_\_\_\_\_

Date: \_\_\_\_\_

Date entered into program: \_\_\_\_\_

Committee Form:

Title Form: