

Date _____

QUARTERLY ADVISING FORM

Student Name: _____ Student ID: _____

Faculty Advisor Name: _____ Degree Objective: __PhD __MS __BS+MS

All students are required to review their Degree Audit via R'Web annually. Date of audit: _____ Academic Year _____

Fall 20()
(yr.)

CRN #	Course #	Course Name	Units	Grading Base	Instructor

Winter 20()
(yr.)

CRN #	Course #	Course Name	Units	Grading Base	Instructor

Spring 20()
(yr.)

CRN #	Course #	Course Name	Units	Grading Base	Instructor

Student Signature _____

Date _____

Research Advisor Signature: _____

Date _____

Graduate Advisor Signature (for those without a research advisor): _____

Date _____