

To save completed form, save to desktop before completing. Save again once completed.

UNIVERSITY OF SOUTH CAROLINA ADVISEMENT FORM

Do not save to a public computer.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
STUDENT ID NUMBER *	STUDENT NAME *	ADVISOR NAME	TERM

* ID number and name changes must be made at the Office of the University Registrar

<input type="text"/>	<input type="text"/>
COLLEGE/SCHOOL **	MAJOR / INTEREST **
<input type="text"/>	
DEGREE SOUGHT **	

Comments/ Notes	<input style="width: 90%; height: 100%;" type="text"/>
Phone	<input type="text"/>
E-Mail Address	<input type="text"/>

DEPT.	COURSE	CREDIT	ALTERNATE		REMARKS
			DEPT.	COURSE	
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Any deviation from this recommended program of study must be reported to the academic advisor immediately following registration. Advisement for alternative courses is optional at the discretion of the academic advisor.

I understand that adherence to this program of study is necessary in order to make progress toward the degree indicated. I understand that I may be removed from any class for which prerequisites or other defined requirements have not been met.

STUDENT'S SIGNATURE _____	Date _____	ADVISOR'S SIGNATURE _____	Date _____
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