

School of Public Health ~ Academic Advisor Registration Approval § Return this signed form to PH 123 to release advising hold

Last Name	First Name	Middle
University ID (begins with 3-5 zeros) 000	Email address	
Major	Minor (s)	Tab sheet Effective date

SEMESTER (circle one)	<u>Fall</u>	<u>Spring</u>	<u>Summer</u> (circle all sessions that apply)				Academic Year 20__ - __	Undergraduate _____			
			4 weeks		6 weeks			8 weeks		12-week Full Term	Graduate _____
			1st	2nd	3rd	1st		2nd	1st		2nd

Subject (example: SPH-A)	Catalog Number (example: 263)	Units (credit hours)	Class Number	Permission Required?		Monday	Tuesday	Wednesday	Thursday	Friday
				Permission Form?	Instructor Only?					
Total Hours										

SEMESTER (circle one)	<u>Fall</u>	<u>Spring</u>	<u>Summer</u> (circle all sessions that apply)				Academic Year 20__ - __	Undergraduate _____			
			4 weeks		6 weeks			8 weeks		12-week Full Term	Graduate _____
			1st	2nd	3rd	1st		2nd	1st		2nd

Subject (example: SPH-H)	Catalog Number (example: 263)	Units (credit hours)	Class Number	Permission Required?		Monday	Tuesday	Wednesday	Thursday	Friday
				Permission Form?	Instructor Only?					
Total Hours										

Advisor's Signature	Student's Signature	date:	Please read instructions carefully on the reverse side
		date	