



# Advisor Recommendations

Name: \_\_\_\_\_ Major: \_\_\_\_\_

Student ID: \_\_\_\_\_ Minor: \_\_\_\_\_

Term: \_\_\_\_\_ Cell #: \_\_\_\_\_ USM email: \_\_\_\_\_@usm.edu

CURRENT SEMESTER								
SUB	NUM	COURSE NAME	HRS		SUB	NUM	COURSE NAME	HRS

_____ SEMESTER			
SUB	NUM	COURSE NAME	HRS

_____ SEMESTER			
SUB	NUM	COURSE NAME	HRS

**Please check your SOAR student center account for when you can enroll in classes.**

Additional Comments:

Student Responsibility: I understand that I have the responsibility to follow the above schedule or accept that my graduation could be delayed should I deviate from what has been recommended. Furthermore, I am responsible for completing the appropriate prerequisites and degree requirements. By typing your name below, you are digitally signing this document. When done, choose SAVE FORM AS, save it to your computer, and email to your advisor. Your advisor will review, make necessary changes, sign, and send on to the main office. You will receive a copy as well.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature & Date: \_\_\_\_\_