



ADVISOR COURSE RECOMMENDATION FORM

Last Name (please print) First Middle Initial RMU ID # Major

has been advised to register for the following courses for the _____ semester.
Fall/Spring Year

CRSE NO	COURSE TITLE	CRSE NO	COURSE TITLE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The following courses may be chosen as alternatives for the semester.

_____	_____	_____	_____
_____	_____	_____	_____

Advisor Comments:

If the student wishes to register for courses other than those recommended by the advisor, it is the student's responsibility to make sure the course(s) apply toward graduation requirements.

Signature of Advisor Date Signature of Student Date