



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