

Carson-Newman College

Advising Agreement Form

Student Name _____ ID # _____

Advisor Name _____

Recommended Course selection for _____ Semester _____ Year

Course Prefix	Course #	Course Title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Alternative Courses:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Hours Credit _____

Comments/notes: _____

Student Signature: _____ Date _____

Advisor Signature: _____ Date _____

The student signature on this form represents the discussion between advisor and student. The student is ultimately responsible to enroll in classes that fulfill graduation requirements. Should the student elect to enroll in any classes other than those on this form, it is strongly recommended that the student discuss any changes with the advisor before registration.