

**THE UNIVERSITY OF TEXAS AT EL PASO
COMPUTER SCIENCE
UNDERGRADUATE ACADEMIC ADVISING FORM**

Last Name	First	Middle	Student ID Number

Major: COMPUTER SCIENCE Classification: _____ Advising for: Fall Spring Summer 20 _____
 Minor: _____ (select one)

Recommended Courses

Subject	Course No.	CRN	Course Title	Times Dates of the Week	Bldg. / Room

Advisor's Name & Signature _____ Advising Date _____

Advisor's Notes: