

**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:**