THE UNIVERSITY OF TEXAS AT EL PASO

ACADEMIC ADVISING FORM

Last Name First Middle

Major _____ Degree _____ Fall _____ Spr _____ Sum _____20_____

Recommended Courses

Subject	Course No.	Section Call No.	Course Title	Times Days of the Week	Bldg/Room

Advisor's Signature _____ Advising Date _____

1st copy: Department 2nd copy: Student