UNT UNIVERSITY OF NORTH TEXAS®

ADVISING RECORD

LAST NAME, FIRST NAME	STUDENT ID	PHONE

COLLEGE/SCHOOL:_____DEGREE:_____ CATALOG YEAR:_____ CLASS: ☐ FR ☐ SO ☐ JR ☐ SR ☐ GRAD

MAJOR:_____MINOR:_____CONCENTRATION:_____

SEMESTER	SUBJECT	COURSE NUMBER	HOURS	ADDITIONAL INFORMATION

COMMENTS:

"I understand that I am responsible for the accuracy of my individual schedule and that I may be administratively removed from any course for which I do not have the prerequisites or for which I fail to secure the proper approval."

_____ _____

STUDENT SIGNATURE DATE ADVISOR SIGNATURE DATE **ADVISING CODE**