

# IHE ADVISEMENT FORM

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Student Name: \_\_\_\_\_

Term: \_\_\_\_\_

Student ID: \_\_\_\_\_

Advisor/MP: \_\_\_\_\_

COURSE Pre/Suffix	5-Digit CALL No.	Credit Hours	Course Title and Instructor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List Cognate Courses Below:

_____	_____	_____	_____
_____	_____	_____	_____

Total Credit Hours: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Advisor/MP Signature

\_\_\_\_\_  
DATE

To receive clearance for registration,  
please complete and return to Megan Waters.

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