IHE ADVISEMENT FORM

Student Name: ____________________________________________  Term: _____________

Student ID: ________________________________________________

Advisor/MP: ________________________________________________

<table>
<thead>
<tr>
<th>COURSE</th>
<th>Pre/Suffix</th>
<th>5-Digit CALL No.</th>
<th>Credit Hours</th>
<th>Course Title and Instructor</th>
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List Cognate Courses Below:

|        |            |                  |              |                            |
|        |            |                  |              |                            |

Total Credit Hours: ____________

______________________________  DATE  
Student Signature

______________________________  DATE  
Advisor/MP Signature

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

________________________________________
