IHE ADVISEMENT FORM

Student Name:				Term:	
Course Prefix		5-Digit	Credit Hours	Course Title and Instructor (Policy Studies in Higher Education- Ness)	
 List Cognate/E	lective Cour	ses Below:			
otal Credit Hoเ	ırs:				
Student	Signature		DATE		
Advisor/	MP Signatui	 re	 DATE		

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