

**STUDENT ADVISEMENT FORM  
HARRIET L. WILKES HONORS COLLEGE**

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

Student Number: \_\_\_\_\_

Concentration: \_\_\_\_\_

TERM \_\_\_\_\_ 20 \_\_\_\_\_

		PRIMARY COURSE SELECTIONS			ALTERNATE COURSE SELECTIONS		
	Course Prefix & #	Title and Credits	Call #		Course Prefix & #	Title and Credits	Call #
1				1			
2				2			
3				3			
4				4			
5				5			
6				6			
7				7			
8				8			

Comments: \_\_\_\_\_

Signatures:    Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Total Credits: \_\_\_\_\_

Student: \_\_\_\_\_ Date: \_\_\_\_\_