

ADVISOR APPROVED SCHEDULE

Semester or Term _____

Name _____ Mustangs ID# _____
Last Name First Name Middle

Classification _____ Major _____

Check if Repeat	CRN#	Subj abbr.	Course #	Sect #	Title	Day/Time

Total Hours Approved _____

Checklist

_____ Has student filed for graduation?
 _____ Has student taken the Writing Proficiency exam?

 Advisor approving schedule

 Date