

## REGISTRATION ADVISING FORM

This form should be completed each semester before any registration deadlines.

CPSY Student Name \_\_\_\_\_

Proposed semester \_\_\_\_\_ Year \_\_\_\_\_

1.) Course number \_\_\_\_\_

Title \_\_\_\_\_

#Hours \_\_\_\_\_

2.) Course number \_\_\_\_\_

Title \_\_\_\_\_

#Hours \_\_\_\_\_

3.) Course number \_\_\_\_\_

Title \_\_\_\_\_

#Hours \_\_\_\_\_

4.) Course number \_\_\_\_\_

Title \_\_\_\_\_

#Hours \_\_\_\_\_

5.) Course number \_\_\_\_\_

Title \_\_\_\_\_

#Hours \_\_\_\_\_

\_\_\_\_\_  
Advisor Approval Signature      Date