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UNIVERSITY OF SOUTH CAROLINA
ADVISEMENT FORM

STUDENT ID NUMBER * | STUDENT NAME * | ADVISOR NAME | TERM

* ID number and name changes must be made at the Office of the University Registrar

COLLEGE/SCHOOL ** | MAJOR / INTEREST **

DEGREE SOUGHT **

Comments/ Notes

Phone | E-Mail Address

			ALTERNATE		
DEPT.	COURSE	CREDIT	DEPT.	COURSE	REMARKS

Any deviation from this recommended program of study must be reported to the academic advisor immediately following registration. Advisement for alternative courses is optional at the discretion of the academic advisor.

I understand that adherence to this program of study is necessary in order to make progress toward the degree indicated. I understand that I may be removed from any class for which prerequisites or other defined requirements have not been met.

STUDENT'S SIGNATURE | Date

Print Form

ADVISOR'S SIGNATURE | Date