

Academic Advisement

Student Name (Please Print) _____ Date _____

Email: _____ Program of Study: CHEM _____ BCHM _____

GT ID Number _____

Recommended Schedule for _____ SEMESTER, 20____

Course (Dept. & No.)	Credits	Meeting Time

Advance Planning. Circle the laboratory courses that you plan to take following successful completion of the above term. If offered more than once, circle the preferred semester.

CHEM 1312	Fall	Spring		CHEM 3481	Fall	Spring	
CHEM 1313	Fall	Spring		CHEM 3211		Spring	
CHEM 2380	Fall	Spring	Summer	CHEM 4581		Spring	Summer
CHEM 3371	Fall	Spring		CHEM 4582		Fall	
CHEM 3380	Fall	Spring*		CHEM 4681		Fall	

Notes _____

* If offered

I understand that adherence to my major's program of study and maintaining regular contact with my assigned advisor is necessary in order to make progress towards my degree. I have been informed of and reviewed any items addressed above.

Signature of Student

Signature of Advisor

To Advisor and Student: Advisor and student should retain a copy and provide a copy to the Academic Programs Office (M Bldg, 2222K) upon completion.