SYRACUSE UNIVERSITY

REGISTRATION

ADVISING FORM

SUID:	Last Name:	First Name:	Middle I.:			
Home College:		Dual College:				
For what term and year are you regis	tering?					
Home College Major(s):		Dual College Major:				
Minor(s):						

Main Course Selections (First Choice Schedule)					Alternate Course Selections				
Subj/ Dept	Course/ Cat. #	Course Title	Credits	Mtg Times	Subj/ Dept	Course/ Cat. #	Course Title	Credits	Mtg Times
					Student Signature Date				
					Advisor's Name (please print)				
	Total Credits				Advisor's Signature Date				