## UPST TE Academic Advisement

				VIP ID #:		
Last Name		First Name	M.I.		Major:	
		Term:	rm: Year: Minor:		linor:	
Home phone (with area co	Cell phone (with a	rea code)				
ACTION		CLAS	S SCHEDULE			
CODE	CRN CODE	SUBJECT	COURSE NO.	SECTION CREDIT	DAYS/WEEK TIME	
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ATE						
ALTERNATE		-				
	D D=DROP S=SECTION	CHANGE AU=AUDIT				
SUMMARY COMMENT	<b>5:</b>		S	TUDENT'S SIGNATURE	DATE	
			A	DVISOR'S SIGNATURE	DATE	