THE UNIVERSITY OF SOUTHERN MISSISSIPPI

Advisor Recommendations

Name: _____ **Major:** _____

Student ID: _____ **Minor:** _____

Term: _____ **Cell #:** _____ **USM email:** _____

CLASS NBR	COURSE	HRS	CLASS NBR	COURSE	HRS

Please check your SOAR student center account for your enrollment appointment time.

Additional Comments:

_____

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_____

Student Responsibility: I understand that I have the responsibility to follow the above schedule or accept that my graduation could be delayed should I deviate from what has been recommended. Furthermore, I am responsible for completing the appropriate prerequisites and degree requirements.

_____

Student Signature Date:

_____

Advisor Signature Date: