



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:

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: _____