

Division of Engineering Technology

ACADEMIC ADVISEMENT FORM

FAMU STUDENT ID# _____ NAME _____ TERM/YEAR _____

(PLEASE DO NOT ENTER YOUR SOCIAL SECURITY NUMBER) _____ DATE _____

CLASSIFICATION

Fall

A/D	Prefix	COURSE		Class Number (required)	Units/ Cr Hrs	Var	Aud	MEETING TIME		MEETING DAY						PERMISSION NUMBER (if needed)	
		Number	Section					Begin	End	M	TU	W	TH	F	SA		
	1																
	2																
	3																
	4																
	5																
	6																
	7																
	8																

Total Hours

Spring

A/D	Prefix	COURSE		Class Number (required)	Units/ Cr Hrs	Var	Aud	MEETING TIME		MEETING DAY						PERMISSION NUMBER (if needed)	
		Number	Section					Begin	End	M	TU	W	TH	F	SA		
	1																
	2																
	3																
	4																
	5																
	6																
	7																
	8																

Total Hours

Summer

A/D	Prefix	COURSE		Class Number (required)	Units/ Cr Hrs	Var	Aud	MEETING TIME		MEETING DAY						PERMISSION NUMBER (if needed)	
		Number	Section					Begin	End	M	TU	W	TH	F	SA		
	1																
	2																
	3																
	4																

Total Hours

Student Signature

Date

Advisor Signature

Date