

ENROLLMENT ADVISING FORM

[] Fall [] Spring [] Sum **Year:** _____

Name: _____

BannerID: _____

Major(s): _____ **Year:** _____

Option(s): _____

Minor(s): _____

ENROLLMENT DATE

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Current Holds: _____

- [] Honors (Old Central)
- [] Immunization (uhs.okstate.edu)
- [] Bursar (113 SU)
- [] Res Life (100 Iba Hall)
- [] Advisor
- [] 1is2many.okstate.edu/training

- [] ISS (250 SU)
- [] HS transcript (219 SU)
- [] College / University transcript (219 SU)
- [] Other

CRN	Course Prefix	Course Number	Credit Hours	Prerequisite(s)	Alternate Courses / Notes
				Total credit hours	

Additional comments or directions:

Advisor Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____