

SYRACUSE UNIVERSITY

REGISTRATION

ADVISING FORM

SUID: _____ Last Name: _____ First Name: _____ Middle I.: _____

Home College: _____ Dual College: _____

For what term and year are you registering? _____

Home College Major(s): _____ Dual College Major: _____

Minor(s): _____

| Main Course Selections (First Choice Schedule) | | | | | Alternate Course Selections | | | | |
|---|-------------------|--------------|---------|--------------|---|-------------------|--------------|---------|--------------|
| Subj/ Dept | Course/ Cat. # | Course Title | Credits | Mtg Times | Subj/ Dept | Course/ Cat. # | Course Title | Credits | Mtg Times |
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| Total Credits | | | | | Student Signature _____ Date _____ Advisor's Name (please print) _____ Advisor's Signature _____ Date _____ | | | | |