WINTHROP UNIVERSITY

Advisement and Registration Worksheet

Term: _____

_____ _____

Student Number **Student Name (Last, First, Middle) Please Print**

ALTERNATE COURSES

Call Number (5 digit number)	Subject	Course Number	Semester Hours	Class Meeting Times Days	Time

Call Number	Subject	Course Number

Student's Signature: _____ **Advisor's Signature:** _____ **Date:** _____

R15W 09/00

Original - Student
Yellow - Advisor