**Advising for Spring 2019**

**PLEASE COMPLETE THIS FORM AND GIVE TO DR. HARMAN AT YOUR ADVISING TIME. THIS WILL GIVE HER ALL THE INFO SHE NEEDS TO CLEAR YOU FOR REGISTRATION. IF YOU DO NOT BRING THIS COMPLETED FORM, YOUR ADVISING TIME WILL HAVE TO BE RESCHEDULED. THAT WOULD WASTE YOUR TIME AND MINE.**

**Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SAM ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (must have this)**

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| **Spring 2019 Classes Desired** | | | |
| **CRN Number** | **Course Prefix** –PSYC? | **Course Number** | **Course Name** |
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**12 hours/long semester is maximum in fall and spring without an appeal to the Dean’s Office**

**Comments/Concerns\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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