

Advisor Schedule Recommendation

Fall Spring Summer Year _____

PUID _____ NAME _____

MAJOR(S) _____

MINOR(S)/CONCENTRATION(S) _____

	Subject / Course Number / Title	Credit Hours	CRN (student use only)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			

Total Recommended Credit Hours: _____

Possible alternative selections if above courses are not available:

	Subject / Course Number / Title	Credit Hours	CRN (student use only)
1.			
2.			
3.			
4.			
5.			

Students are responsible for meeting course prerequisites, fulfilling degree requirements, and are ultimately responsible for their own educational plan and academic success.

APPROVED SCHEDULE **DATE:** _____

Advisor Signature: _____ @purdue.edu

Student Signature: _____

Contact Information

REGISTRATION PIN #: _____ ACTIVE DATE: _____ CANDIDATE: yes _____ no _____

Trial Schedule Form

Please complete this BEFORE your registration appointment with your academic advisor

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Name: _____

Student ID Number

Last

First

M.I.

Today's Date: _____

Anticipated May

Registration for Next Semester:		
Fall 20_____	Spring 20_____	Summer 20_____

Date of Graduation Aug _____

Year

Dec

GPA _____ Agriculture GPA _____ Education GPA _____

Access Major and Education GPA Calculators at:

<https://ag.purdue.edu/department/asec/> under Current Student, Ag Ed, Resources

I plan to student teach in (*Circle one*): Spring Fall 20_____

I am dual majoring or minoring in: _____

I have completed the 4000/1500 hour work experience requirement. Yes No

I have turned the Work Experience Verification form in. Yes No

<u>Admission to Gates</u>	<u>Gate A</u>	<u>Gate B</u>	<u>Gate C</u>
Date: _____	Date: _____	Date: _____	Date: _____

Trial Schedule

Time	Monday	Tuesday	Wednesday	Thursday	Friday
7:30					
8:30					
9:30					
10:30					
11:30					
12:30					
1:30					
2:30					
3:30					
4:30					
5:30					