

UNIVERSITY OF SOUTH CAROLINA ADVISEMENT FORM

SIGNATURES ARE REQUIRED FOR ALL STUDENTS

STUDENT NUMBER*	NAME*	ADVISOR'S NAME	TERM
SCHOOL**	MAJOR**	DEGREE**	AREA OF EMPHASIS

* CHANGE MUST BE MADE AT THE OFFICE OF THE UNIVERSITY REGISTRAR

** CHANGE MUST BE MADE AT THE COLLEGE OFFICE

LOCAL ADDRESS WHILE ATTENDING USC _____

MAKE ADDRESS, TELEPHONE AND E-MAIL CORRECTIONS ONLINE BY LOGGING ON TO HTTP://VIP.SC.EDU _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

ANY DEVIATION FROM THIS RECOMMENDED PROGRAM OF STUDY MUST BE REPORTED TO THE ACADEMIC ADVISOR IMMEDIATELY FOLLOWING REGISTRATION. ADVISEMENT FOR ALTERNATIVE COURSES IS OPTIONAL AT THE DISCRETION OF THE ACADEMIC ADVISOR.

(HPEB, EPID, ...) DEPARTMENT	(700, 799, ...) COURSE NUMBER	CREDIT HOURS	DEPARTMENT	COURSE NUMBER	REMARKS <small>List instructor name, section, & CRN if known</small>

COMMENTS:

I UNDERSTAND THAT ADHERENCE TO THIS PROGRAM OF STUDY IS NECESSARY IN ORDER TO MAKE PROGRESS TOWARD THE DEGREE INDICATED.
I UNDERSTAND THAT I MAY BE REMOVED FROM ANY CLASS FOR WHICH PREREQUISITES OR OTHER DEFINED REQUIREMENTS HAVE NOT BEEN MET.

STUDENT'S SIGNATURE	DATE	ADVISOR'S SIGNATURE	DATE
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