



Name: \_\_\_\_\_ Student UID: \_\_\_\_\_  
 Current Term: \_\_\_ Summer \_\_\_ Fall \_\_\_ Winter \_\_\_ Spring Year: \_\_\_\_\_ Anticipated Graduation: \_\_\_\_\_  
 Career: Middle/High School Ag Teacher (Formal) Ag Educator (Informal) Other (detail below) (MM/YYYY)  
 Degree: Double Major Integrated Masters \_\_\_\_\_

COURSE REQUESTS					
Course	Section	Credits	Major(√)	Minor(√)	Additional Notes

ALTERNATIVE REQUESTS					
Course	Section	Credits	Major (√)	Minor (√)	Additional Notes

PLANNING AHEAD (Courses taken outside the university require a <a href="#">Permission to Enroll</a> form)					
Course	Semester	Major (√)	Minor (√)	Additional Notes	

- Check your assigned **Registration Appointment** (Appointment and Registration Status). This is the earliest you can register for classes after your advising meeting. This does not indicate when you will meet with Dr. Welsh; you should meet with Dr. Welsh prior to this date and time.
- Set-up an appointment with Dr. Welsh prior to your assigned Registration Appointment.
- Review your 4-year plan, including your CORE/GENED requirements to ensure that you are on track.
- Review your **Degree Audit** to ensure that you are on track. Please make note of any questions or exceptions required.
- Complete this form digitally and bring it with you to your advising meeting with Dr. Welsh.

**Reminder:** Class and advising blocks will **not** be lifted until after you meet with Dr. Welsh, so plan ahead.

*I understand that it is ultimately my responsibility to keep track of requirements for graduation within this program. I understand that this request for courses obligates me for tuition charges and if I later decide not to attend, I must cancel my registration in writing prior to the first day of classes.*

\_\_\_\_\_ *Student Signature* \_\_\_\_\_ *Date*

*I have met with the above student to discuss their schedule and any other concerns they may have.*

\_\_\_\_\_ *Advisor Signature* \_\_\_\_\_ *Date*