

University of South Alabama
Mechanical Engineering Department

GRADUATE ADVISING FORM

Student No. J00 _____

Advisor Name _____

Student Name: _____ Email Address: _____

Start Semester Date: _____ Anticipated Date of Graduation: _____

CURRENT SEMESTER

Dept.	Course #	Course Title	Credit Hrs
Total Hrs:			

UPCOMING SEMESTER

Dept.	Course #	Course Title	Credit Hrs	Time	Days
Total Hrs:					

_____ SEMESTER

Dept.	Course #	Course Title	Credit Hrs.	Time	Days
Total Hrs:					

Advisor's Notes: _____

Student Signature

Date

Advisor's Signature

Date