

STUDENT INFORMATION SHEET

This is a binding agreement between the student and advisor. Any changes to the schedule must be approved.

Registration Year: _____ Spring [] Fall [] Summer []

Name: _____ SS #: _____ Sex: _____

Daytime Phone: _____ Permanent Phone: _____

Local Address: _____

Permanent Address: _____

E-Mail: _____

PLEASE CHECK APPROPRIATE BOXES:

UNDERGRADUATE STUDENTS

Sophomore: IE [] OR [] EMS [] Econ/OR []

Junior: IE [] OR [] EMS [] FE [] Econ/OR []

Senior: IE [] OR [] EMS [] FE [] Econ/OR []

GRADUATE STUDENTS

MSEMS [] MSFE [] MSIE [] MSOR []

Ph.D. [] Professional FE [] Professional IE []

Full Time [] Part Time [] GRADUATION DATE:

CITIZEN STATUS:

US [] Permanent Resident [] Other [] Visa Type: _____ Country: _____

PLEASE LIST THE COURSES YOU PLAN TO REGISTER FOR THIS SEMESTER:

<u>Course Number</u>	<u>Title of Course</u>	<u>Number of Points</u>

ADVISOR'S SIGNATURE: _____ DATE: _____