



Academic Year _____ Three-Quarter Advising Form

STUDENT _____	ADVISOR _____
STUDENT PHONE _____	ADVISOR PHONE _____
STUDENT E-MAIL _____	ADVISOR E-MAIL _____
PRIMARY MAJOR _____	OTHER PROGRAMS _____

Registration (Alternate) PIN: _____ for _____ Quarter

FALL QUARTER

CRN	SUBJECT	CRSE	SEC	COURSE TITLE	UNITS	TIME	DAYS

WINTER QUARTER

CRN	SUBJECT	CRSE	SEC	COURSE TITLE	UNITS	TIME	DAYS

SPRING QUARTER

CRN	SUBJECT	CRSE	SEC	COURSE TITLE	UNITS	TIME	DAYS

STUDENT SIGNATURE _____ DATE _____ ADVISOR SIGNATURE _____ DATE _____

NOTICE: Academic advising was completed with an attempt to ensure accuracy. If errors are found, please contact your advisor immediately. Errors do not exempt students from Academic Bulletin requirements. For **Academic Bulletins**, visit www.lasierra.edu/bulletin and select bulletin year. Unless approved otherwise, your bulletin year is your first year of attendance or, for re-admitted students, year of re-entry. For the **Online Course Schedule**, visit www.lasierra.edu/courseschedule. For **Curriculum Sheets**, visit www.lasierra.edu/oacs/advising. **Academic Advising is NOT registration.** Register on Self-Service: www.lasierra.edu/selfservice. For directions, visit www.lasierra.edu/records.