

Recommended Courses for New Graduate Students

Name: _____ Student No. _____

Degree/Major: _____

Mobile Number: 09 _____ Email: _____

Course No.	Section	Schedule	Units	Priority	Alternative

Recommended and approved by:

Signature over Printed Name of
Temporary Adviser

Please write legibly and fill in the form fully as this will be the basis in enlisting courses.

Make sure to have alternative courses in case that priority courses have been closed or unavailable