Advising Plan of Study

School of Forestry and Wildlife Sciences

Name:_____ Major:_____

Student ID:_____ AU Email:_____

Semester: Fall ☐ Spring ☐ Summer ☐ Year:_____

Advisor Name _____

Courses I Plan to Take Next Semester:	**CRN #**

Advisor Notes and Recommendations:

Student Signature: _____

Advisor Signature: _____ **Date:** _____