LOUISIANA DELTA COMMUNITY COLLEGE

Division of Student Affairs· Department of Enrollment Services

Student Advising Form

Name _____ Banner ID _____

Major _____ Delta Email_____

Phone _____ Term Advised_____

Advised By (print or type name please) _____

Course Name (Ex: Biol 221, PSYC 201)	**Sem Hrs**	**CRN** (optional)	**Section** (Optional)	**Days/Times** (optional)
Alternate				
Alternate				
Alternate				
Total Hours				

STUDENT'S STATEMENT: I understand that I will be held responsible for my actions should I elect to register for courses other than those listed above (i.e., courses approved by my adviser). Furthermore, I understand that any alterations to the above courses could delay my graduation.

Student Signature _____ Date _____

Adviser Signature _____ Date _____