

## B.S. in Computer Engineering Registration Advising Form

Which catalog semester will you be graduating under? \_\_\_\_\_

\_\_\_\_\_ SID# \_\_\_\_\_  
 (Last Name) (First Name) (MI)

\_\_\_\_\_ (Phone Number) \_\_\_\_\_ (Email Address)

I request approval to enroll in the following for \_\_\_\_\_, \_\_\_\_\_ semester.  
 (semester & year)

I plan to work part time \_\_\_\_\_ hrs per week or full time \_\_\_\_\_ hrs, while taking classes.

<u>Department</u>	<u>Number</u>	<u>Units</u>	<u>Prerequisites or Corequisites (CmpE courses only)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Units: \_\_\_\_\_ (Limited to 18 units)

I certify that, to my best knowledge, I will (1) have completed all prerequisites of the above courses before taking them, and (2) take all corequisites at the same time or have taken all corequisites before taking the above courses. I understand that I will either be dropped by the instructor or get a failure grade (F) if I take a course without satisfying both of the above conditions. I understand that if it is found at any time that I have missed a prerequisite or co-requisite requirement, I may have to retake ALL the courses that were directly or indirectly dependent on the missing pre- or co-requisite.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor signature \_\_\_\_\_ Date \_\_\_\_\_

*Office Use Only:*  
 Flag-Off Initials \_\_\_\_\_ Date \_\_\_\_\_