

CAM ADVISING FORM

PLEASE FILL OUT THE FOLLOWING AND HAVE YOUR ADVISOR (OR MENTOR, IF YOU DON'T HAVE AN ADVISOR YET) REVIEW AND SIGN BELOW. THE INFORMATION YOU PROVIDE ONLY APPLIES TO THE PARTICULAR SEMESTER INDICATED ON THIS FORM. THIS FORM MUST BE TURNED IN BEFORE YOU ARE ADVISED BY THE GRADUATE ADVISOR AND/OR HAVE YOUR REGISTRATION BAR LIFTED.

NAME _____ EID _____

<u>SEMESTER</u>	FALL _____ year	SPRING _____ year	SUMMER _____ year
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FACULTY ADVISOR (MENTOR)	_____
OPTION (CAM OR CES)	_____
IN CANDIDACY? (YES OR NO)	_____

INTENDED CLASS SCHEDULE:

	Course	This course will apply to Area (CIRCLE)	If a conference course, indicate the faculty member who will work with you.
1.		A B C	
2.		A B C	
3.		A B C	
4.		A B C	

TYPE OF FUNDING (include sponsor)	_____
PLACE ON MATH TA LIST? (YES OR NO)	_____

REQUIRED SIGNATURE:	
Faculty Advisor/ Mentor _____	Date _____

FOR ADMINISTRATIVE USE
BAR LIFTED ____ DATE _____ AUTH SIG _____