# Adviser’s Checklist

**Student Name:** ____________________________  **Date:** __________

## Undergraduate Course Preparation

<table>
<thead>
<tr>
<th>Course Grade</th>
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## Comments

### Recommendation for Required Courses:  

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<tr>
<th>Course</th>
<th>Semester</th>
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**Note:** Please take this form and complete it during your **first** meeting with your graduate adviser.

Office Use Only

## Required Courses Taken

<table>
<thead>
<tr>
<th>1st Year Fall</th>
<th>1st Year Spring</th>
<th>2nd Year Fall</th>
<th>2nd Year Spring</th>
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