## **ADVISER'S CHECKLIST**

Student Name:		Date:				
<u>Undergraduate Cou</u>	rse Preparation	1	Comments			
Recommendation fo	r Required Courses:					
Course	Semester					
NOTE: Please take the adviser.	his form and complete	it during your <b>first</b> m	neeting with your graduate			
Office Use Only	REQUIRE	D COURSES TAKEN				

REQUIRED COURSI	ES TAKEN

1 <sup>st</sup> Year Fall		1 <sup>st</sup> Year Spring		2 <sup>nd</sup> Year Fall		2 <sup>nd</sup> Year Spring	
Course	Grade	Course	Grade	Course	Grade	Course	Grade