

University of South Alabama  
Mechanical Engineering Department

GRADUATE ADVISING FORM

Student No. J00 \_\_\_\_\_

Advisor Name \_\_\_\_\_

Student Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Start Semester Date: \_\_\_\_\_ Anticipated Date of Graduation: \_\_\_\_\_

**CURRENT SEMESTER**

Dept.	Course #	Course Title	Credit Hrs
Total Hrs:			

**UPCOMING SEMESTER**

Dept.	Course #	Course Title	Credit Hrs	Time	Days
Total Hrs:					

**SEMESTER**

Dept.	Course #	Course Title	Credit Hrs.	Time	Days

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