

**EXERCISE AND HEALTH SCIENCES
ADVISING WORKSHEET**

Semester _____

Course Number	Course Name	Time/Day	Credit

Tentative Plan

Semester _____

Course Number	Course Name	Time/Day	Credit

Semester _____

Course Number	Course Name	Time/Day	Credit

Semester _____

Course Number	Course Name	Time/Day	Credit

Tentative plan is dependent upon student's successful completion of course work, prerequisites, and department's course offerings.

Student Signature: _____

Advisor Signature: _____