

LOUISIANA DELTA COMMUNITY COLLEGE

Division of Student Affairs · Department of Enrollment Services

Student Advising Form

Name _____

Banner ID _____

Major _____

Delta Email _____

Phone _____

Term Advised _____

Advised By (print or type name please) _____

Course Name (Ex: Biol 221, PSYC 201)	Sem Hrs	CRN (optional)	Section (Optional)	Days/Times (optional)
Alternate				
Alternate				
Alternate				
Total Hours				

STUDENT'S STATEMENT: I understand that I will be held responsible for my actions should I elect to register for courses other than those listed above (i.e., courses approved by my adviser). Furthermore, I understand that any alterations to the above courses could delay my graduation.

Student Signature _____

Date _____

Adviser Signature _____

Date _____