

ADVISING AND REGISTRATION FORM

**WESTFIELD STATE UNIVERSITY
OFFICE OF THE REGISTRAR**

(Keep Your Signed Copy in a Safe Place - you will need the information to register online)

Name: _____

Semester: Fall _____ Spring _____

Campus-Wide I.D. (CWID): A _____

Approved to register for _____ major courses.

Major 1 _____

Alternate Registration Pin: _____

Major 2 _____

Advisor or Department Chair please sign below.

I will be a FR SO JR or SR for registration

Major Courses: Your advisor will help select major courses based upon your class level, previous course work, and your major requirements. Your advisor may limit the number of major courses you can take (above).

Course	Section	CRN	Title	Day/Time	Advisor Initials
1. _____	/ _____	/ _____	_____	_____	_____
2. _____	/ _____	/ _____	_____	_____	_____
3. _____	/ _____	/ _____	_____	_____	_____
4. _____	/ _____	/ _____	_____	_____	_____
5. _____	/ _____	/ _____	_____	_____	_____

Core Courses: First, CIRCLE areas of Core in which you need courses. Advisor approval is needed to verify that each course is approved to satisfy an area of the Core you need to complete.

Course	Section	CRN	Title	Day/Time	Advisor Initials
1. _____	/ _____	/ _____	_____	_____	_____
2. _____	/ _____	/ _____	_____	_____	_____
3. _____	/ _____	/ _____	_____	_____	_____
4. _____	/ _____	/ _____	_____	_____	_____
5. _____	/ _____	/ _____	_____	_____	_____
6. _____	/ _____	/ _____	_____	_____	_____

Elective Courses: (Include free electives, courses for minor, optional major(s) courses, and/or additional core courses).

Course	Section	CRN	Title	Day/Time	Advisor Initials
1. _____	/ _____	/ _____	_____	_____	_____
2. _____	/ _____	/ _____	_____	_____	_____
3. _____	/ _____	/ _____	_____	_____	_____
4. _____	/ _____	/ _____	_____	_____	_____

Advisor's Signature: _____ Date: _____

Student's Signature: _____ Date: _____