

# Advising Registration Agreement

Term \_\_\_\_\_

Name \_\_\_\_\_ ID# \_\_\_\_\_

I acknowledge that I have discussed my course options with my academic adviser, and that I will follow to the best of my ability the plan that we have agreed upon below. I understand that if I wish to alter my schedule in any way, it is my responsibility to consult my adviser and the appropriate College publications (e.g., the Berea College Catalog, the Student Handbook) to ensure that my actions do not conflict with College policy or inhibit my progress toward graduation.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adviser Signature

\_\_\_\_\_  
Date

CRN	Course Description
Alternates	

Notes: