

1st Pass Reg. Date _____

2nd Pass Reg. Date _____

**California State University, Stanislaus
Department of Music**

**Student Advising Approval Form
Semester _____**

Student Name (PRINT) _____ **I.D. #** _____

Advisors Signature _____ **Date** _____

CRN Number	G. E. Course No.	Course Name	Day/Time	Units
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CRN Number	Major Academic Course No.	Course Name	Day/Time	Units
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CRN Number	Major Applied Course No.	Course Name	Day/Time	Units
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CRN Number	Major/Minor Ens. Course No.	Course Name	Day/Time	Units
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CRN Number	Winter Courses Department	Course Name	Day/Time	Units
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Units _____