



UNIVERSITY OF MINNESOTA CROOKSTON

ACADEMIC ADVISEMENT SHEET

PSEO STUDENTS

Student Name: _____

Start Term: _____

Student Email: _____

(Ex. Fall 20____ Spring 20____)

Intended Major: _____

Date: _____

High School: _____

I would like to take classes ____ on-campus ____ online

See Course Offerings at z.umn.edu/course-offerings

Class #	Dept. Name	Catalog #	Section #	Course Title	Credits	Permission # (for internal staff use only)

Alternate Courses:
List 1-2 alternate courses as backup options

Notes:

High School Counselor Name: _____

High School Counselor Email: _____

High School Counselor Phone: _____

High School Counselor Signature: _____

Date: _____

Student Signature: _____

Date: _____

UMN Crookston Advisor Signature: _____

Date: _____