

The College of New Jersey

Department of Computer Science

Advisor's Course Approval Form

Before registering for courses, you must meet with your advisor(s) to discuss courses that will fulfill your academic requirements as well as your personal interests/goals. In the event that your first-choice courses are not available, be sure to discuss alternate courses with your advisor. Your advisor's signature indicates you have reviewed your course registration together and that you have agreed to register and complete the courses listed during the semester indicated below. If you have a dual major, your advisor in both departments should sign this form.

Registration for Fall ____ Spring ____ _____
Please check the appropriate semester *Year*

Major: Computer Science

Student's Name: _____

TCNJ ID: _____

First Choice Courses:

Course prefix and number	Course Title	# Units
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Alternate Courses:

Course prefix and number	Course Title	# Units
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Notes: _____

Advisor's signature

Date

Advisor's signature

Date

Student's signature

Date