Student Name: _______________________________________ EID: ____________

Division: ______________________________________________

Semester & Year: ______________________________________

Courses:  
(9 hours minimum for funding) –

____________________________________________________

____________________________________________________

____________________________________________________

Advisor’s signature: ____________________________________

PROCEDURE – please give this form to Char Burke so that your advising bar can be removed. You may scan and email it to her at Char.Burke@austin.utexas.edu -- or drop in her mailbox in PHR 4.220.