Department *of* History
http://historyweb.ucsd.edu

(858) 534-1996
Fax: (858) 534-7283

ADVISING FORM FOR HISTORY MAJORS

Please bring form with you when you come for advising.

STUDENT NAME:_____ PID:_____
EMAIL:_____ PHONE:_____

Transfer student___No ___Yes EAP (Location):_____

LOWER-DIVISION:
HILD (2ABC, 7ABC, 10, 11, 12):_____
MMW:_____ HUM:_____
Advanced Placement Credit or Transfer Courses/Institution [list course number(s)]:
_____
Need to petition transfer courses (check on UCSD transcript): ___No ___Yes

UPPER-DIVISION: (*Upper-division courses should be taken for letter grade.)*
Field of Emphasis:_____
Double Major::_____ Overlap Courses (2 max):_____

List pre-1800 courses with (+) and colloquium with (*)

EMPHASIS:	**ELECTIVE COURSES:**
1.	**1.**
2.	**2.**
3.	**3.**
4.	**4.**
5.	**5.**
6.	
7.	

STUDENT QUESTIONS:
_____
_____
_____
_____

FOR ADIVISOR:

DATE	QUESTION/ISSUE	RECOMMENDATION	ADVISOR/STUDNT INITIALS