

**CSUSB DEPARTMENT OF MUSIC
STUDENT QUARTERLY ADVISING FORM**

STUDENT NAME:

ID#:

QUARTER:

ADVISOR:

GENERAL STUDIES COURSES TO BE TAKEN THIS QUARTER:

- 1.
- 2.
- 3.
- 4.
- 5.

MUSIC COURSES TO BE TAKEN THIS QUARTER:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

ELECTIVES TO BE TAKEN THIS QUARTER:

- 1.
- 2.
- 3.
- 4.
- 5.

STUDENT SIGNATURE:

DATE:

ADVISOR SIGNATURE:

DATE: