

Student Number _____ Term _____

**UMKC Department of Theatre
Advance Advising Form**

Name _____

Department	Course NO.	Credit HRS	Reference #	Sec	Aud?	

Alternate Courses

Daily Schedule

Time/day	Monday	Tuesday	Wednesday	Thursday	Friday	Sat.	Sun
8-9am							
9-10am							
10-11am							
11-12pm							
12-1pm							
1-2pm							
2-3pm							
3-4pm							
4-5pm							
5-6pm							
6-7pm							
6-7pm							
7-8pm							
8-9pm							

Please fill this out prior to your advising session.