**DEPARTMENT OF LINGUISTICS**  
**ADVISOR APPROVAL FORM**

Departmental clearance will be given only after planned courses are approved by Advisor. Please return this form to Brandon for Departmental clearance.

Student Name: ____________________________

Student I.D. #: ____________________________

**Planned Courses (Approved by Advisor):**

Semester (Circle One):  
- [ ] Fall  
- [ ] Spring  
- [ ] Summer  
Year: ______________

<table>
<thead>
<tr>
<th>Course Number (LING XXX)</th>
<th>Class Number (5-digit)</th>
<th>Units</th>
<th>Instructor Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Faculty Advisor Name: ______________________________________

Faculty Advisor Signature: ___________________________ Date: ______________

To be checked by the Advisor:

- [x] Course History Reviewed – Obtain information from OASIS.

FORM F  
updated 11/01/2005