

FYCS Pre-Advising Worksheet

This completed form is required for your FYCS advising session.

Name: _____

UFID#: _____ Date: _____

I have reviewed SASS Audit: _____ Anticipated Graduation Date: _____

Proposed classes for semester F S Su Year _____

See <http://www.reg.ufl.edu/soc/> for complete course information

Course	Section #	Credits	Meeting Times

Area of Specialization _____

Or

Minor _____

Questions for my advisor:

1.

2.

3.

4.

5.
