

San José State University **College of Engineering**
Aviation and Technology Department Academic Advising Form

Registration Date & Time: _____ **Advising Appt. Date & Time:** _____

Name: _____ **SJSU ID:** _____

E-Mail: _____ **Exp. Grad Date:** _____

Technology Majors (check one): **Aviation Majors (check one):**
 Concentration: Operations Management
 Manufacturing Systems Maint. Mgt Avionics
 Computer Electronics Network Tech (CENT)
 Master of Science Quality Assurance (MSQA)

Entered Program as: Freshman CC Transfer Change of Major 4-yr College Transfer

MOST RECENT or CURRENT Semester Courses: Fall [yr] _____ or Spring [yr] _____			
Class	Title	Units	Course concerns or problems:
Avia 192	Instrument Flight Techniques	3	(eg: "Going well.")
Total units:			

NEXT Semester Courses: Fall [yr] _____ or Spring [yr] _____			
Class	Title	Units	Prerequisites (must be indicated)
Tech 145	Lean Manufacturing	3	BUS 140 or BUS 145 or ISE 140
Total units:			

 Advisor Signature / Date

 Hold Removed / Date

For Advisor Use Only
<input type="checkbox"/> Math 71
<input type="checkbox"/> Physics 2A/2B
<input type="checkbox"/> Chem 1A
<input type="checkbox"/> Econ 1B
<input type="checkbox"/> Bus 90
<input type="checkbox"/>