

**NRCM Pre-registration Information Form**  
**Attach a current copy of your Degree Audit to this form**

This form is to be completed by all NRCM majors prior to their pre-registration advising appointment. Completing this form will ensure that advising sessions are productive, and will assist students in monitoring their progress toward graduation. **The original copy of this form will remain with the advisor. Students are strongly encouraged to keep another copy for their own records.**

Name: \_\_\_\_\_ SID: \_\_\_\_\_ Date: \_\_\_\_\_

NRCM concentration: \_\_\_\_\_ Anticipated graduation term: \_\_\_\_\_

*Review your current degree audit (attach a copy to this form), and list all of the courses you plan to take during the next 5 semesters below:*

Sem:	Sem:	Sem:	Sem:	Sem:
Courses	Courses	Courses	Courses	Courses

List the courses you plan to take next semester:

CRN	Subject-number	Course name	Credits	Meeting time(s)

Alternates


**If you have any additional questions, please write them on the back of this page**