



THE UNIVERSITY OF THE WEST INDIES
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FACULTY OF SCIENCE AND TECHNOLOGY

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Academic Advisement

First Name: _____

Last Name: _____

Student ID number: _____

Department

Biological and Chemical Sciences

Computer Science, Mathematics and Physics

Major: _____
(all majors)

Other Major/Minor: _____
(all minors)

Problem Being Addressed (Reason for plan, previous actions taken, etc.)

Plan

Academic Year:

Courses to Take

Semester I	Semester II	Summer

Supporting Comments

Name of Advisor

Signature of Advisor

Date