

HEART OF GEORGIA TECHNICAL COLLEGE ADVISING GUIDE

PROGRAM _____

ADVISOR _____

Name _____ Student ID# _____

Address: _____ Telephone No. _____

_____ E-mail _____

Admit Status: _____
Regular or Provisional and Learning Support courses needed.

Option 1: SUGGESTED QUARTER SCHEDULE				
CRN and COURSE #	HRS	TIME	ROOM	FACULTY

Option 2: SUGGESTED QUARTER SCHEDULE				
CRN and COURSE#	HRS	TIME	ROOM	FACULTY

HGTC Signature _____ Date _____

Student Signature _____ Date _____