

**University of Hawaii  
School of Social Work**

**PH.D. ADVISING FORM**

Student Name: \_\_\_\_\_  
(PLEASE PRINT YOUR NAME)

PHONE NO.: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

SEMESTER: \_\_\_\_\_ YEAR: \_\_\_\_\_

CRN	SUBJECT	COURSE NO.	SECTION	CREDITS	INSTRUCTOR
	<b>SW</b>				
	<b>SW</b>				
	<b>SW</b>				
	<b>SW</b>				

Other courses you will register for:

CRN	SUBJECT	COURSE NO.	SECTION	CREDITS	INSTRUCTOR

*I have confirmed this advising plan with the student.*

\_\_\_\_\_  
**ADVISOR SIGNATURE**

\_\_\_\_\_  
**DATE**