Please complete the advising release form, save, and return as an attachment via email to: jhbc.svcs@csusb.edu. Please allow 72 hours for review and email response.

Name:		Coyote ID:	
Select Class Level:		Concentration:	
Select a Quarter: Year:		Enter an alternate schedule for the selected tern	
Course	Units	Course	Units
1.		1.	
2.		2.	
3.		3.	
4.		4.	
Select a Quarter:	Year:	Enter an alternate schedule fo	or the selected tern
Course	Units	Course	Units
1.		1.	
2.		2.	
		3.	
3.		4.	
<u></u>			
3.4.		CE LICE ONLY	
3. 4.		CE USE ONLY:	
- -		CE USE ONLY: net the JHBC advising requirement. Print	Date