

# Ferris State University / Early Registration Clearance

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Student Number \_\_\_\_\_ Name \_\_\_\_\_ First \_\_\_\_\_ (Initial) \_\_\_\_\_

College of Technology Curriculum Construction Mgmt., BCTM, CETM

This student has cleared faculty advising for the term noted below.

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

Approved by \_\_\_\_\_ Date \_\_\_\_\_

**CTMG Student, you must deposit this form in the box on the secretary's counter (GRN 227) by 3:00 P.M. to be able to register the following day. Please do not fold this form.**

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