
Student Advising

(For Faculty Use)

Last Name, First Name

Student ID #

Program

Date

Note any courses only offered 1 time a year:

Reviewed Degree Plan: _____ Yes (see attached Degree Tracking Sheet) _____ No (Explain below)

Advising Session Comments:

Faculty Advisor Name: _____ Phone #: _____

I verify that all of the information, which I have provided my advisor, is complete and accurate. Since degree requirements change, I understand that should I want to transfer to a 4-year college or university, it is my responsibility to confirm the transferability of courses with that institution.

Student Signature: _____ Date: _____