

Advisor Form

Student Name: _____

Student ID: _____

Academic Advisor: _____

Department: _____

Date: _____ Fall/Spring (circle one) _____ (year)

Note to the Advisor: The student you are meeting with is participating in a Student Diversity & Inclusion Success Program. As part of the program, the student is required to meet with an academic advisor once per semester. The purpose of this visit is to discuss their academic progress, career goals and interests, and to decide on a tentative schedule of courses for the next semester. If you have any questions about the Student Diversity & Inclusion Success Program or any concerns about the student, please contact the Student Diversity & Inclusion office at 777-6175. Thank you for your time in meeting and assisting the student in completing this form.

Together, please discuss these topics:

Student Major: _____

Cumulative GPA: _____ Cumulative Credits: _____

Comments/concerns: _____

Courses to register for next semester:

Course#	Course Title	Credit Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student Signature: _____

Advisor Signature: _____

Date: _____