



STUDENT ADVISING WORKSHEET

DATE: _____

STUDENT NAME: _____ *MAJOR: _____ MINOR: _____

EMAIL: _____ PHONE: _____

CUMULATIVE CREDITS: _____ GRADUATION DATE: _____

CUMULATIVE GPA: _____ MAJOR GPA: _____

***Double Major – Contact 2nd Advisor**

DEPT.	NO.	TITLE OF COURSES	SEC	CR.	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Notes:

Student Concerns/Follow-up:

Student Signature _____ Advisor _____