



Student Name: _____ Program Major: _____
 Student ID: _____ Cumulative GPA: _____ Attempted Credits: _____
 Anticipated Graduation Term: _____ Academic Status: _____
 Educational/Career Goal: _____

Educational Considerations				
Scholarships and Grants	Advising Notes:	Financial Aid Status	Advising Notes: Next FAFSA Complete <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes – (please complete academic plan for next year) <input type="checkbox"/> No
			Max Time Frame	
			Academic Alerts	
			Employment (hours per week)	
Support Needs Identified				

Degree Audit Report (DAR) Review					
Credits to Graduation:		Program GPA:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
			Fall	Spring	Summer
Advising Notes:	Courses Needed to Graduate:	This Year			
		Next Year			
Additional requirements not noted above:					

Action Steps: _____

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____