

Transfer Orientation: Advising Verification

Student Z Number: _____

Student Name: _____

By signing below, I acknowledge the following:

- Meeting with an Academic Advisor is a mandatory portion of my Transfer Orientation and required to have my Orientation hold permanently removed.
- Discussing my academic goals with an Academic Advisor is integral to my success at Florida Atlantic University.
- For future semesters, it is my responsibility to schedule an appointment with my Academic Advisor.

Student Signature

Date

Return completed form to your local FAU Orientation Office or scan and email to orientme@fau.edu.

Boca Raton Campus
New Student & Owl Family Programs
777 Glades Road
Student Union, Room 206
Boca Raton, FL 33431
561.297.2733
Fax: 561.297.2000

Davie Campus
Student Affairs/Orientation
3200 College Avenue
Student Union, Room 103
Davie, FL 33314
954.236.1314
Fax: 954.236.1302

Fort Lauderdale Campus
Student Affairs/Orientation
111 E. Las Olas Boulevard
HE, 507H
Fort Lauderdale, FL 33301
954.762.5695
Fax: 954.762.5698

Jupiter Campus
Student Affairs/Orientation
5353 Parkside Drive
MC-03, 119
Jupiter, FL 33458
561.799.8690
Fax: 561.799.8721

Advisor Use Only:

Advisor Initials: _____ Date: _____

Orientation Advising Complete

Orientation Advising **Not** Complete

Reason: Change of Major Additional Records Required

Other: _____

Orientation Use Only:

VZ Record Updated

Date: _____

Initials: _____

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Transfer Orientation: Advising Verification

Student Z Number: _____

Student Name: _____

Orientation Date: _____

Verification received by: _____

NSOFP Staff Member

Date

Please keep this slip for your records.