

ACADEMIC ADVISING CONTRACT

Student Name: <i>Last First MI</i>						G Number:			
		Last		First	MI				
Semester: Fall Spri		oring Summer I		Summer II	Year				
Local Address:		Si	Street/Box Number		City		State	Zip Code	
Permanent Address:			Street/Box Number		City	State		Zip Code	
Telephone No	:			Em	ail Address:			-	
Classification:			Major:						
Example									
21127	ACCT 201		Fin Accounting Prin/Concepts			MW	1:30 - 2:50 pm		3
CRN Cour Numb			Course Name			Day	Time		Credits
							 T(OTAL	

Advisor Notes:

Amendments to Contract: Any amendments to this contract must be signed by the student and the advisor. The student and advisor should maintain a copy of this contract.

Student Signature