

# GRAMBLING STATE UNIVERSITY

## ACADEMIC ADVISING CONTRACT

SEMESTER	YEAR

Name:

ID #:

Local  
Address:

Permanent  
Address:

Telephone #:

Classification:

Major:

**The student and the advisor should maintain a copy of this contract.**

CRN (Optional)	SUBJECT COURSE	COURSE TITLE	CREDIT HOURS
<b>Total Credit Hours:</b>			

Advisor Notes:

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Advisor Signature

\_\_\_\_\_  
Date

**Amendments to Contract:** (Any amendments to this contract must be signed by the student and the advisor.)

I, \_\_\_\_\_, shall inform my advisor on any change to my course schedule within 24 hours of the change.