

College of Performing & Visual Arts Advising Record

Student Name: _____ Advised by: _____

Bear #: _____ Date: _____

Phone #: _____

Email: _____

Major/Emphasis as listed in Degreeworks: _____

Credit hours completed: _____ Current Hours: _____ Total hours: _____

Cumulative GPA: _____ PIN: _____

Registration start date: _____

Registration plan for (Semester, Year): _____

<u>CRN</u>	<u>Course #</u>	<u>Title</u>	<u>Credits</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Credits: _____

Paperwork completed during appointment:

Comments/concerns/additional notes:

By signing, I confirm the information on this form was covered during this advising session:

Student Signature Date

Advisor Signature Date

This form will be retained in student's advising file as a means of official record.