



## FIRST YEAR EXPERIENCE

## ADVISEMENT CHECKLIST

	Student's Name:Advisor's Name:					
The fol	lowing checklist high	alights specific to	opics of potential discu	ssion items betwe	en the student listed above and his	/her advisor.
	Discussed & signed	d the Academic A	Advising Agreement		Date	
	Demonstrated regis					
	1)		Date	3)	Date	
	2) _		Date	4)4	Date	
	Reviewed General Education requirements				Date	
	Discussed career g					
			Date3) Date4)		Date	
	2)		Date	4)	Date	
	Reviewed major/m					
	1)			=	Date	
			Date			
	D'					
	Discussed campus resources, such as:  O Career Services Date Tutoring				Date	
			_	7	Date	
	o Counselin		Writing (		Date	
	o Financial	Aid Date	Others:		Date	
	Suggested student	Date				
	o Reviewed	Date				
	Explained process	Date				
	Reviewed academi					
	<ul> <li>Academic</li> </ul>	Date				
	o SAP, Completion Rate				Date	
	o Petitions				Date	
	Reviewed results fr	Date:				
_	o Referrals	•	,		<del>- 333-</del> 3	
			Date	3)	Date	
	2)		Date			