

Please Print Clearly

Name: _____ Preferred Email: _____

Student ID: _____ Major: _____

Cell Phone: _____ Semester: _____ Year: _____

Did the student provide a completed and signed Student Verification of Prior Academic Work form? YES NO

Recommended courses based on information provided:

Subject	Course #	Notes / Alternatives

Notes:

- Referred to Testing Services for TSI
- Send final High School transcript
- Send final Dual Credit/College transcript
- Hold Released _____

By signing the student understands and agrees with the information presented by their academic advisor on this form.

Student Signature: _____

Date: _____

Advisor Signature: _____

Date: _____