

**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 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: \_\_\_\_\_