

ADVISING WORKSHEET

LAST NAME: _____

FIRST NAME: _____ **MI:** _____

BANNER ID#: _____

College/School: University College

Admit Year: _____

Admit Term: ☐ Fall ☐ Spring ☐ 1st Summer ☐ 2nd Summer

Major: _____

Concentration: _____ **MINOR:** _____

Affiliated Student Group (if applicable)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Veteran | <input type="checkbox"/> Honors Program | <input type="checkbox"/> Cheatham White Scholars | <input type="checkbox"/> Transfer Student |
| <input type="checkbox"/> Out of State | <input type="checkbox"/> Early College | <input type="checkbox"/> Student Athlete | <input type="checkbox"/> Band |
| <input type="checkbox"/> Aspiring Eagles Academy | | | |

ADVISING WORKSHEET

In order to make the best progress in accomplishing your academic and career goals, follow the procedures outlined or advice discussed during your advising session. The advice provided to you during any preregistration or registration session is based on your successful completion of the courses in which you are presently enrolled or will be enrolled before the next semester/session.

Summer Courses

CRN	Abbreviation and Course #	Section #	Class Days	Start Time	End Time	Credit Hrs	Room/ Building	Session

Fall Courses

CRN	Abbreviation and Course #	Section #	Class Days	Start Time	End Time	Credit Hrs	Room/ Building	Session

Comments

STAFF USE ONLY:

This advising session was conducted ☐ Virtually ☐ In Person ☐ Phone ☐ Email

Advisor Name _____ Advisor Signature/Date

Advisor Contact Information

By signing above, I acknowledge that the student received a copy of their advising worksheet and that I've uploaded documentation of their advising schedule to Navigate and/or their electronic UC file.