

## ACADEMIC ADVISING & STUDENT SUCCESS CENTER (AASSC) CONTACT FORM

Student Name (Print): \_\_\_\_\_

S#: \_\_\_\_\_ Phone: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PATHWAYS

AHD  BPA  ET  HS  IMC  SBS  STEM  UND

### PROGRAMS

DSF  DRM US  FYE  GU  AMC  SEED  UMI  WISE

NDS  Prospective Students

Major: \_\_\_\_\_

### REASON FOR CONTACT

- |   |   |
|---|---|
| <input type="checkbox"/> Academic Degree            | <input type="checkbox"/> Other: _____                 |
| <input type="checkbox"/> Appeal Advising            | <input type="checkbox"/> PLA                          |
| <input type="checkbox"/> Assessments & Transcripts  | <input type="checkbox"/> Renewal                      |
| <input type="checkbox"/> Career Planning            | <input type="checkbox"/> Review Student Portal        |
| <input type="checkbox"/> Campus Referral            | <input type="checkbox"/> Register/Schedule Adjustment |
| <input type="checkbox"/> Degree Works               | <input type="checkbox"/> Scholarship                  |
| <input type="checkbox"/> Early Alert                | <input type="checkbox"/> Semester Planning            |
| <input type="checkbox"/> Financial Aid Discussion   | <input type="checkbox"/> Transfer Advising            |
| <input type="checkbox"/> Graduation app/prep        |   |
| <input type="checkbox"/> Link Student Success Guide |   |

Course 1 | CRN: \_\_\_\_\_ Course Prefix: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Course 2 | CRN: \_\_\_\_\_ Course Prefix: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Course 3 | CRN: \_\_\_\_\_ Course Prefix: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Student Action Items/Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Advisor Name (Print): \_\_\_\_\_ Advisor Signature: \_\_\_\_\_