

Student Support Services-TRIO Advisement Sheet

Name: _____

Date: _____

Advisor: _____

Credits Completed: _____

Major: _____ Minor: _____

College: _____

GPA Needed for College: _____

Credits to be admitted: _____

Earned

Course	Cr		Course	Cr	

Financial Aid

Fall _____ Spring

Semester Course Work

Semester:				Semester:		
Course Title/Course #	Credits	Grade	Course Title/Course #	Credits	Grade	
Total Cr hours						
Notes			Notes			

Semester:				Semester:		
Course Title/Course #	Credits	Grade	Course Title/Course #	Credits	Grade	
Total Cr hours						
Notes			Notes:			
•			•			

Semester:			Semester:		
Course Title/Course #	Credits	Grade	Course Title/Course #	Credits	Grade
Total Cr hours			Total Cr hours		
Notes			Notes:		

Semester:			Semester:		
Course Title/Course #	Credits	Grade	Course Title/Course #	Credits	Grade
Total Cr hours			Total Cr hours		
Notes			Notes		

Semester:			Semester:		
Course Title/Course #	Credits	Grade	Course Title/Course #	Credits	Grade
Total Cr hours			Total Cr hours		
Notes			Notes		

Semester:		
Course Title/Course #	Credits	Grade
Total Cr hours		
Notes		

**This academic advisement is based solely on the major expressed by the student, _____
Therefore, the advisor's course suggestions and recommendations reflect the expressed major and/or minor. Please
understand that if your major and/or minor changes, then your advisement would change accordingly.**

**I, _____, understand the graduation plan may change based upon course availability and
obtaining satisfactory academic progress.**

Student Signature

Date

Advisor Signature

Date