

**APPENDIX J**

**NEW YORK INSTITUTE OF TECHNOLOGY  
SCHOOL OF HEALTH PROFESSIONS  
DEPARTMENT OF NURSING**

**STUDENT ADVISEMENT FORM**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Faculty Advisor: \_\_\_\_\_

Date: \_\_\_\_\_ Semester: \_\_\_\_\_

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Please provide a narrative summary of the student's academic progress: where appropriate include some or all the following information: student's perceptions of their strengths/weaknesses in the program, what are issues in the student's performance that are of concern to faculty, what are some areas/ideas for improvement in the student's efforts. Please include date of next follow-up meeting.

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Faculty Signature: \_\_\_\_\_ Student Signature: \_\_\_\_\_

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