
School of Education
School Counseling Program
Student Advisement Form

Date _____

Student _____

Student ID _____

Address _____

Cell # _____

City _____

State _____ Zip _____

Certification Area _____
(if applicable)

Faculty Advisor: _____

Email _____

Expected date of graduation _____

1st Semester Review _____

Date _____

Notes:

Additional Meetings

Date _____

Notes:

Date _____

Notes:

Date _____

Notes:

Date _____

Notes:

Language Proficiency (other than English) _____