

ADVISING AGREEMENT (Semester-Year) / Advisor: (Faculty Name) – Art

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ PIN #: \_\_\_\_\_

**Requested Classes: (Semester – Year)**

<u>Subject + Course Number + Section Number</u>	<u>Class Title</u>	<u>CRN</u>	<u>Day + Time</u>
Example: ART 1010-001	Element s of Design	10308	M/F 10am-12:45pm

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Example: ART 1010-001	Element s of Design	10308	M/F 10am-12:45pm
<b>Summer 1</b>			
<b>Summer 2</b>			

Alternate Schedule for (Semester – Year) (Select alternate classes you may wish to take)

<u>Subject + Course Number + Section Number</u>	<u>Class Title</u>	<u>CRN</u>	<u>Day + Time</u>
Example: ART 1010-001	Element s of Design	10308	M/F 10am-12:45pm

**Checklist: Indicate date completed (or scheduled) for the following items:**

- Foundation Portfolio Review: Date Completed \_\_\_\_\_ / Date Scheduled \_\_\_\_\_
- Senior Capstone Review: Date Completed \_\_\_\_\_ / Date Scheduled \_\_\_\_\_
- Graduation Application: Date Completed \_\_\_\_\_ / Date Scheduled \_\_\_\_\_
- Writing Enriched/Discipline (WE/WD): Complete \_\_\_\_\_ / Incomplete \_\_\_\_\_
- Indigenous Cultures and Communities (ICC): Complete \_\_\_\_\_ / Incomplete \_\_\_\_\_

Student Signature (Sign or Type Initials) : \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: