

Advisor-Advisee Meeting Form

Complete and submit to your advisor *24 hours before* your scheduled meeting

PLEASE PRINT

Name: _____

Email: _____

Year (circle one): FR SO JR SR

Anticipated credit hours for next semester: _____ Major: _____

Date/Time/Place of Advisory Meeting: _____

Rank each of the below items according to importance, "1" being most important and "5" being least important. (Note: You may have several "5"s and only one "1")

In this session with my advisor I most need:

- _____ Career counseling
- _____ Advice about classes to take to complete my major
- _____ Advice about core classes, particularly in the area of _____
- _____ Advice about Interim classes
- _____ Advice about off-campus programs, particularly the program(s) in _____
- _____ Information about careers available with a major in this dept
- _____ My advisor's approval of classes I've chosen to take
- _____ Advice about pre-professional programs, particularly _____
(e.g. Pre-Seminary, Pre-Law, Pre-Medicine, etc.)
- _____ Other _____

Please note any concerns you would like to share with your advisor: