

College of Health and Human Services – Student Advising Form Spring _____ Summer I _____ Summer II _____ Fall _____

Please keep one copy for your records and provide another copy for your advisor.

Student Name: _____ CID: _____ ASU Email: _____ GPA: _____

Major: _____ Minor(s): _____

Total hours earned prior to current semester: _____ Have you applied for an official degree plan? Yes No

Please check all that apply: Dual Credit AP Credit SAT/ACT Credit Carr Scholarship

Developmental Courses Transfer Student Up and Coming Scholar NCAA Athlete VA

| Course Prefix and Number (Ex: ENG 1301) | Hours | Substitutions (professor use only) | |
|--------------------------------------------|-------|------------------------------------|-------------------|
| | | Required Course | Substituted Class |
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |
| _____ | _____ | Alternative Classes | |
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |
| Total Hours: _____ | | Advising Hold Removed _____ | |

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

For additional information contact Evelyn Gordon 325-486-6249 or evelyn.gordon@angelo.edu