

ACADEMIC CONSULTATION RECORD

Academic Year: 20____ / 20____

Student Name: _____

Student ID: _____

Advisor Name: _____

Date: _____

| REQUIREMENT | CURRENT STATUS / COURSE | CREDITS | TARGET TERM |
|-------------------|-------------------------|---------|-------------|
| General Education | | | |
| Major Core | | | |
| Major Elective | | | |
| Minor / Breadth | | | |
| Capstone/Thesis | | | |
| Probation Review | | | |
| Graduation Audit | | | |
| Course Override | | | |
| Career Coaching | | | |

Student Signature

Advisor Signature