Advising Record Sheet

Department of Nursing

(325) 942-2224

Campus ID _____

Date Advised _____

Name (First, MI, Last) _____

GPA _____

Major/Minor _____

Ethnicity *(Please Check)*

☐ White ☐ Hispanic ☐ African American

☐ Asian/Pacific Islander ☐ American Indian

☐ Unknown

Telephone Number _____

Currently Enrolled: ***YES*** ☐ ***NO*** ☐

Semester: _____

Suggested courses:

_____

_____

_____

_____

_____

_____

Alternate suggested courses:

_____

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_____

_____

_____

_____

Summer I suggested courses:

_____

_____

_____

Summer II suggested courses:

_____

_____

_____

Comments:

Student Signature _____ Date _____ Advisor Signature _____