



### MATHEMATICS FACULTY ADVISING CHECKLIST

TODAY'S DATE: \_\_\_\_\_ FALL / SPRING

#### FACULTY ADVISOR INFORMATION

FULL NAME: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

OFFICE EXT: \_\_\_\_\_

#### STUDENT INFORMATION

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

MIDDLE INITIAL: \_\_\_\_\_

BANNER ID: **A** \_\_\_\_\_

CLASSIFICATION: \_\_\_\_\_

ARE YOU CURRENTLY WORKING? \_\_\_\_\_

If yes, how many hours per week? \_\_\_\_\_

REASON FOR VISIT TODAY: *(Please circle all that apply)*

Scheduled advising

Career paths/career goals

Internships

Scholarships

Research opportunities

Other *(Please explain)*: \_\_\_\_\_

*The checklist below will act as a guide for Faculty-Student Conferences to ensure the success of the counseling sessions.*

Academic Workload Management:

Academic Goals:

Research Interest:

Graduate School:

Career Counseling:

Other:

Faculty Advisor Signature \_\_\_\_\_

Student Signature \_\_\_\_\_

**\*\*\*Submit signed form to CI 301 each Fall semester\*\*\***

**(for Office Use only)**

Processor (Print)

(Sign)

Date