



**Student Advising Office Only**

*Student Contact Information*

Contact Phone Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Please Circle one or more of the following:

Full Time Student

Part Time Student

Dual Enrollment

Freshman

AS \_\_\_\_\_

GPA: \_\_\_\_\_

Sophomore

AAS \_\_\_\_\_

AA \_\_\_\_\_

Recommended Resource(s): \_\_\_\_\_

Advisor Signature: \_\_\_\_\_

Date Student Contacted: \_\_\_\_\_ Method: \_\_\_\_\_ Initials: \_\_\_\_\_

Student Accepted Assistance:

Student Rejected Assistance: Reason: \_\_\_\_\_

**This Section completed by Learning Center Resource Staff**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Resource Person: \_\_\_\_\_

Action Taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Resource Person: \_\_\_\_\_

Action Taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Return a copy of this form to Student Advising at the end of the semester. Thank you.