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 the following that apply: ____ Dual Credit ____ AP Credit ____ SAT/ACT Credit ____ Carr Scholarship

____ Developmental Courses ____ ACE 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		
_____	_____	_____		
_____	_____	_____	Advising Hold Removed _____	

Total Hours: _____

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

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