

**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: \_\_\_\_\_

Major: \_\_\_\_\_ Minor(s): \_\_\_\_\_ GPA: \_\_\_\_\_

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/SAT/ACT Credit    \_\_\_ Developmental Courses  
                  \_\_\_ Transfer Student    \_\_\_ NCAA Athlete    \_\_\_ Carr Scholarship    \_\_\_ Up and Coming Scholar    \_\_\_ Veteran

Course Prefix and Number (Ex: ENG 1301) Class	Hours	Substitutions (professor use only) <b>Required Course</b> <b>Substituted</b>
_____	_____	_____
_____	_____	_____
_____	_____	Alternative Classes _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Hours: _____		Advising Hold Removed _____

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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