Meeting Date:	

Semester:	
Alternate PIN:	

DEPARTMENT OF PHYSICS & ENGINEERING PHYSICS
ACADEMIC ADVISEMENT FORM

Student Name _____ Morgan ID# _____ Major _____

MSU email _____ Cell phone _____ Alternate phone # _____

Are you working this semester or next semester? _____ No. of hours working per week: _____

If yes, name of employer(s)? _____ Would you like to work on campus? _____

Current Semester Courses for: _____ _____ Course Name - Code	# of Credits
Total # of credits	

Advisor Recommended Courses for: _____ _____ Course Name - Code	# of Credits
Total # of credits	

Advisor Recommended Courses for: _____ _____ Course Name - Code	# of Credits
Total # of credits	

Possible course substitution(s): _____

Advisor's Comments and Recommendations:

Follow-up Meeting? Follow-up Meeting Date:

Changes Made: _____

Advisor's Signature: _____ Date Signed: _____

Student's Signature: _____ Date Signed: _____