

Guam Community College



GCC Student Center, Room 5204 • 1 Sesame Street
Mangilao, Guam • Tel: (671) 735-5594/5

Academic Advising Form

Student Information

Semester/Year

Name (Last, First, M.I.)

Email

Phone Number

I understand that it is my responsibility to contact my academic advisor and attend at least 3 contacts throughout the semester. If I am unable to meet face-to-face, I may contact my academic advisor through email. I will notify my academic advisor about my academic progress and prior to withdrawing from any courses.

Student Signature

Date

Advisor Information

Name (Last, First)

Job Title/Organization

Email

Phone Number

I will make a commitment to meet with my advisee at least 3 times throughout the semester. If there are scheduling conflicts, I understand it is permissible to contact my advisee via email. I understand that the academic advising relationship is geared towards helping my advisee to succeed academically. Therefore, our meetings will focus on topics related to academics, students' progress, guidance, and career exploration. I also understand that our meetings and interactions will be confidential.

Academic Advisor Signature

Date

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Academic Advising Report Form

Student Name: _____

Date: _____

Time: **frm:** _____ **to:** _____ **Total Mins/Hours:** _____

Meeting Type: _____ **Visit** _____ **Email**

Notes/Comments: _____

(Please PRINT clearly)

Date: _____

Time: **frm:** _____ **to:** _____ **Total Mins/Hours:** _____

Meeting Type: _____ **Visit** _____ **Email**

Notes/Comments: _____

(Please PRINT clearly)

Date: _____

Time: **frm:** _____ **to:** _____ **Total Mins/Hours:** _____

Meeting Type: _____ **Visit** _____ **Email**

Notes/Comments: _____

(Please PRINT clearly)

I verify that I have completed 3 contacts with my mentee and the above documentation is accurate.

Academic Advisor Signature **Date**