

Academic Advising Form



Due Date: FEB. 14, 2020

Academic Advising Contract Form

Student Information

BOO#: _____

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 sessions 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

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

Revised 07/25/2019

Academic Advising Report Form



[*Due Date: APRIL 03, 2020*]

Student Name: _____ BOO#: _____

(Please PRINT clearly)

Date: _____

Time: Fr: _____ To: _____ Total Mins/Hrs: _____

Meeting Type: _____ Visit _____ Email _____

Notes/Comments: _____

(Please PRINT clearly)

Date: _____

Time: Fr: _____ To: _____ Total Mins/Hrs: _____

Meeting Type: _____ Visit _____ Email _____

Notes/Comments: _____

(Please PRINT clearly)

Date: _____

Time: Fr: _____ To: _____ Total Mins/Hrs: _____

Meeting Type: _____ Visit _____ Email _____

Notes/Comments: _____

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

Academic Advisor Signature Date