

Department of Deaf Studies Advisement Request

App. Date: _____
Time: _____
Advisor: _____

Name _____ ID# _____
Email address _____ Phone _____

Student Status:

- Class Level (circle one) Freshman Sophomore Junior Senior
- Program Information (circle one):
 - Old Program: Concentration – 1 2 3 4 undecided
 - New Program: Concentration – 1 2 3 4 5 6 undecided
- Highest level of ASL completed (circle one) – 1 2 3 4
- GE Completed? Yes No ▪ UDCGE Completed? Yes No
- Need to apply for graduation? (must complete at least 90 units in current semester) Yes No
- Are you on academic probation or have been disqualified? Yes No

Request of an appointment for academic advisement:

Reason for appointment:

- | | |
|---|--|
| <input type="checkbox"/> Plan future coursework | <input type="checkbox"/> Graduation Evaluation |
| <input type="checkbox"/> Discuss transfer units | <input type="checkbox"/> Determine concentration |
| <input type="checkbox"/> Other: _____ | |

Last appointment date: _____

Requests that do not require an appointment:

Need to make a change to your graduation evaluation?

Original Course _____

New Course _____

Confirm Graduation Requirements Met? (circle one) Yes No

Anticipated graduation date _____

Department Use:

Paperwork submitted: _____ Date: _____

Student emailed: _____

Notes: _____
