Mississippi Valley State University Academic Advising Contract

Semester	Year	Classification	Major		Minor
Student's Name				ID#	
Local Address					
Mailing Address					
-		Address	City	State	Zip
Phone #			E-mail		

CRN	Course # & Section	Course Title	Days	Time	Credit Hours
				redit Hours	

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I shall inform my advisor of any changes to my course schedule.

Student Signature

Date

I,_____, have advised the above named student with his/her schedule to ensure the he/she is on a successful track to graduation. This academic advisement will require the student to meet with me before registering for any classes each semester.

Advisor Notes:		

DVISOR

Α

Advisor Signature

Date

Any amendments to this contract must be signed and dated by the student. The student and advisor should maintain a copy of this contract.