

GRAMBLING STATE UNIVERSITY

ACADEMIC ADVISING CONTRACT

SEMESTER	YEAR

Name:

ID #:

Local
Address:

Permanent
Address:

Telephone #:

Classification:

Major:

The student and the advisor should maintain a copy of this contract.

CRN (Optional)	SUBJECT COURSE	COURSE TITLE	CREDIT HOURS
Total Credit Hours:			

Advisor Notes:

Student Signature

Date

Faculty Advisor Signature

Date

Amendments to Contract: (Any amendments to this contract must be signed by the student and the advisor.)

I, _____, shall inform my advisor on any change to my course schedule within 24 hours of the change.