

**Advisor Checklist**

Advisor Name: Priority Registration Dates:

Division: Total Number of Assigned Advisees:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Assigned Advisees: (List All)** | **Student Scheduled & Attended Appointment**  **(YES or NO)** | **If Yes, Date Student Attended Appointment** | **Student Was Not Advised** | **If Not Advised, Date Student Was**  **Contacted** | **Notes:**  **(*Please indicate if student is graduating in current term or is no longer enrolled.*)** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |
| 7. |  |  |  |  |  |
| 8. |  |  |  |  |  |
| 9. |  |  |  |  |  |
| 10. |  |  |  |  |  |
| 11. |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| **Name of Assigned Advisees:** | **Student Scheduled & Attended Appointment**  **(YES or NO)** | **If Yes, Date Student Attended Appointment** | **Student Was Not Advised** | **If Not Advised, Date Student Was**  **Contacted** | **Notes:**  **(*Please indicate if student is graduating in current term or is no longer enrolled.*)** |
| 12. |  |  |  |  |  |
| 13. |  |  |  |  |  |
| 14. |  |  |  |  |  |
| 15. |  |  |  |  |  |
| 16. |  |  |  |  |  |
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| 18. |  |  |  |  |  |
| 19. |  |  |  |  |  |
| 20. |  |  |  |  |  |
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| 23. |  |  |  |  |  |
| 24. |  |  |  |  |  |
| 25. |  |  |  |  |  |
| 26. |  |  |  |  |  |
| 27. |  |  |  |  |  |
| 28. |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| **Name of Assigned Advisees:** | **Student Scheduled & Attended Appointment**  **(YES or NO)** | **If Yes, Date Student Attended Appointment** | **Student Was Not Advised** | **If Not Advised, Date Student Was**  **Contacted** | **Notes:**  **(*Please indicate if student is graduating in current term or is no longer enrolled.*)** |
| 29. |  |  |  |  |  |
| 30. |  |  |  |  |  |

Advisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Division Chair Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_