

Semester: _____

ACADEMIC ADVISING FORM

Student Name: _____ Student #: _____

Program: _____ Advisor: _____

PROJECTED COURSES

Course Prefix/#	Section	Day/Time	Requires online access (Y or N)

Online Course Agreement:
(Student Initials)

_____ I understand I must contact my advisor or the Online Course Administrator for issues regarding access to my online course.

_____ I understand I must use my RSTC email account to access course information and obtain initial access to my online course(s).

_____ I understand if I have not logged into my online course by the first day of classes, I must contact my online course instructor or academic advisor.

Student Name (Print)

Student Signature

Advisor Signature

Date