

THE UNIVERSITY AT ALBANY
GRADUATE ACADEMIC ADVISEMENT FORM

TO THE STUDENT; Bring this form, completely filled out and signed by you and your advisor, to the Department Office C 236 for registration numbers.

NAME _____ ID # _____

GRADUATE DEPT _____ GRADUATE PROGRAM _____

ACADEMIC PLANS FOR () Fall 20____ () Spring 20____ () Summer 20 _____

<u>COURSE</u>	<u>CREDITS</u>	<u>SECTION KEY NUMBERS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADVISEMENT VERIFICATION NUMBER: _____

The signature on this form certifies that the student met with the advisor and that they had the opportunity of discussing the student's proposed program of study.

ADVISOR _____ STUDENT _____

Signature

Signature

DEPARTMENT _____ DATE _____

Original: Student
Copy: Dept. Office