

PROS FOLLOW-UP

Student's Name _____

Student# _____

Contact# _____

Personal Email _____

Program/Major _____

Career Goal _____

1. Degree Seeking - AA, AS, AAS, Certificate, Courses Only
2. Transfer - Where? When?

Scholarship _____

Financial Aid _____

1. Have they applied?
2. Do they need assistance?

Placement _____

1. ACCUPLACER SCORES:

Eng- _____ R- _____ M- _____

2. ACT SCORES E- _____ M- _____ R- _____ S- _____ C - _____

3. Schedule a test _____

New Student Orientation Date (Taken/Scheduled) _____

Registered YES NO

Appointment YES NO

Comments: _____

_____ Print/Sign Advisor Name _____ Date

Please complete the follow-up form on each of your advisees and return them to the Admissions Office on your campus each week.