

QUARTERLY ADVISING FORM

NAME: _____

SID: _____

DEGREE OBJECTIVE: _____

EMAIL: _____

All students are required to review their degree audit via the [R'Web App](#).

Did you review your degree audit this quarter or meet with the GSAO or Graduate Adviser regarding course requirements?

YES or NO: _____

FALL

CRN #	Course #	Course Name	Units	Grading Base	Instructor

WINTER

CRN #	Course #	Course Name	Units	Grading Base	Instructor

SPRING

CRN #	Course #	Course Name	Units	Grading Base	Instructor

Faculty Advisor (or, Graduate Adviser) Signature X _____ Date _____

Student Signature X _____ Date _____