

Advising Meeting

All students MUST meet with their Academic Advisor before registration.

Name

Fill out and bring to your advising appointment on: Date _____ Time: _____

	Course # and title	Credits	Days	Time	Major, Minor, Elective?
1					
2					
3					
4					
5					
6					
Alternate					
Alternate					

ADADEMIC PLANS

I plan to graduate from Wells (circle one) **YES** **NO**
 Careers I'd like to know more about are: _____
 After graduating I plan to _____
 I reviewed the "My Course Needs" on the Globe and have the following comments:

ACADEMIC PROGRESS

_____ is my favorite class.
 _____ is the class I like the least.
 _____ is the class in which I need the most help.
 Academically, I am most concerned about _____
 The responsibility/activity that takes the most away from studying is _____

LIVING CONDITIONS (check all that apply) *I am having some difficulty with:*

- _____ roommate(s) _____ missing someone at home
- _____ food _____ juggling family responsibilities
- _____ sleep _____ people close to me not understanding college demands
- _____ finances _____ loneliness
- _____ Other: _____

Be specific