

ACADEMIC ADVISOR REVIEW FORM

Student First Name: _____ Student Last Name: _____ ID: _____
DOB: ____/____/____ Primary Phone #: (____) _____ - _____ Secondary Phone #: (____) _____ - _____

Maximum Timeframe Appeal
(To be completed by Student's Academic Advisor)

Department: _____

Degree/Major: _____ Minor (if applicable): _____

Total required major/minor hours for current Degree: _____

Total Hours completed: _____

Total Hours remaining in degree plan for student to graduate: _____

How many more Semesters (including summer) are needed to graduate? _____

Semester/Year expected to graduate: _____

Is Degree Works reflecting this information: Yes No

Advisor's Name: _____ Phone: _____

Advisor's Signature: _____ Date: _____