Advising Verification Form

Name: ___________________________________  Student ID: ______________________

Metro Academy: __________________________

Date: _______________  Appointment Duration: ____________

I have met with the above student on the above date for at least a 30 minute advising appointment.

The topics we covered in our meeting included: (Please check all that apply, not all topics need to be covered necessarily)

☐ Check-in Appointment
☐ Education Plan Appointment
☐ One Year Remediation Rule if applicable
☐ Progress in current courses
☐ General Education & University Requirements
☐ Using and reading the university bulletin
☐ Understanding Major courses
☐ Exploring Major/Minor if undeclared
☐ Improving study skills
☐ General student success skills
☐ Adjustment to college
☐ Academic Probation
☐ Other: ____________________________

Metro Course Opt-out Request with compelling reason: EMAIL metroadv@sfsu.edu
Metro Academy Switch Request with compelling reason: EMAIL metroadv@sfsu.edu

Student has accessed the following resources through our department (If applicable)

☐ Tutoring (Subjects: ________________________________) Program: _________
☐ Workshops (Topics: ________________________________) Program: _________

X Advisor Signature  ____________________________  Date  ______________

Advisor Name  ____________________________  Phone  ______________

Title and Department/Office  ____________________________

Email  ____________________________

Note to Student: You must make sure you meet with your Advisor by: ____________
This means you need to contact your Advisor THIS WEEK to make your appointment.