



Advising Form for Advising Certificate

Student Information

Name: _____ Intended Graduation Date: _____

T Number _____ Admit Date: _____ Financial Aid: Yes/No _____

Email: _____ Location: Online/On Campus _____

Preferred Phone: _____ Work Information: _____

Practicum Date _____ Practicum Site Name _____

Practicum Site Address _____

Program of courses to be completed (15 hours)

	Grade	Term Completed	Term to be Completed
CSP 6073: Counseling Theories and Helping Skills			
CSP 6083/6093: Practicum – Practicum II			
CSP 6163: Academic Advising			
CSP 6153: Advising Student Groups			
CSP 6173: Career Advising			
Course Substitutions			

Date filed Candidacy: _____