Graduate Students Academic Advising Form

Student [S	Surname(s), Gi	iven name(s)]						
Advising for Semester/Year:			UTA ID Number						
Classification: 1st sem.			other	M.S.I.E	M.S.E.M	M.S. I	Log. M.S	S.S.E. Ph	
Assistants	ship: Y	'es	No						
Full time student: Yes		Yes	No	No E-Mail:					
	Requested by	Advisor Approval	Student Approval	Course #1	Course #2	Course #3	Course #4	Course #5	
First Request									
Classes Enrolled In This Semester									
	A student may initiate additio request a decre	onal requests d	due to full or o	cancelled class	ses, etc. After				
	tand that by i	• .	, .		•	•		agree to	
Student S	ignature:					-			
Advisor S	Signature:			Date Advised:					
			#1	#2	#3	#4	#5	#6	
	Release	ed by:							
	Date								

You may be entitled to know what information UT Arlington (UTA) collects concerning you. You may review and have UTA correct this information according to procedures set forth in UT Systems BPM #32. The law is found in sections 552.021, 552.023, and 559.004 of the Texas Government Code.