

Graduate Students Academic Advising Form

First Name:	Last Name:	
Advising for	UTA ID	
Semester/Year:	Number:	

Email Address:						
Classification:						
🗌 Cert. 🔲 M.	S. IE	□ M.S	. Eng. Mgt	M.S. Log.	M.S. Sys. Eng.	🗌 Ph.D.
Assistantship:		Yes	🗌 No			
Full-Time Student:		Yes	🗆 No			

	Advisor	Student	Course 1	Course 2	Course 3	Course 4
	Approval -	Approval -	and Section	and Section	and Section	and Section
	Initials	Initials	Number	Number	Number	Number
Requests						

Comments:		

I understand that by my (student) signature below and my (student) initials above, I agree to take the IE courses listed and to remain in those courses at least until after census day.

Student Signature:	
Advisor Signature:	
Date Advised:	
Released By:	
Date Released:	

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.