

GRAMBLING STATE UNIVERSITY ACADEMIC ADVISING CONTRACT

SEMESTER	YEAR

<i>Name:</i>		<i>ID #:</i>	
<i>Local Address:</i>		<i>Permanent Address:</i>	
<i>Telephone #:</i>		<i>Telephone #:</i>	
<i>Classification:</i>		<i>Major:</i>	

The student and the advisor should maintain a copy of this contract.

CRN (Optional)	SUBJECT COURSE	COURSE TITLE	CREDIT HOURS
Total Credit Hours:			

Advisor Notes:

Student Signature	Date	Faculty Advisor Signature	Date
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Amendments to Contract: (Any amendments to this contract must be signed by the student and the advisor.)

I, _____, shall inform my advisor on any change to my course schedule within 24 hours of the change.