## **Advising Worksheet**

Full Name:			Date:			
	Email:					
Program of Study: _				Degree	Diploma	Certificate
How sure are you o	of your program choice?	Very	Somew	/hat No	ot at all	
Other programs you	u are considering:	<del></del>				<del></del>
Do you plan to trans	sfer to a 4-year college?	Yes	No			
	e/major?					
Α						
	T					
				_		
			-			