School of Public Health Student Athlete Advising Form

Name: _____________________________________________ UID: ______________________

Preferred Name: _____________________ Pronouns of Reference: ______________________

SPH Major: _________________________ Sport: ______________________________________

Anticipated Grad Date:_______________ Last Semester of Eligibility: ___________________

Are you pursuing a double major/degree, minor, or completing prerequisites for a graduate or professional program? If yes, list the major, minor, graduate or professional program below.

_________________________________________________________________________________

Complete the following for your Fall courses.

<table>
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<tr>
<th>Course Code</th>
<th>Current Grade</th>
<th>Goal Grade</th>
<th>Are you having difficulty in any courses?</th>
<th>What strategies are you using to reach your goal grade?</th>
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Winter Courses (max. 4 credits per winter session)

_________________________________________________________________________________

Spring Practice Schedule

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Registration Appointment Time

_________________________________________________________________________________

Spring Courses (min. 12 credits and max. 17 credits)

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Notes/reminders from the appointment:

_________________________________________________________________________________

_________________________________________________________________________________

Student-Athlete: _____________________ Date: _____________________

College Advisor: _____________________ Date: _____________________