

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:	
		-	nor, or completing prerequisites for a graduate or professional minor, graduate or professional program below.	
Complete the follow	ing for your	Fall cours	ses.	
Course Code	Current Grade	Goal Grade	Are you having difficulty in any courses? What strategies are you using to reach your goal grade? (tutoring, tools, etc)	
Winter Courses (max	x. 4 credits per	winter sess	sion)	
Spring Practice Schedule			Registration Appointment Time	
Spring Courses (min				
Notes/reminders fro	m the appoin	itment:		
Student-Athlete:			Date:	
College Advisor:			Date:	