

Student Advising Form

UNI Culture & Intensive English Program

HANDBOOK LOCATION: STAFF HANDBOOK A-4

Student Information

Student Name: _____ **Email:** _____
Student ID: _____ **Phone:** _____
Initial Contact Date: _____ **Country:** _____
Meeting Date/Time: _____ **Advisor:** _____

Type of Issue/Concern

- | | | |
|---|---|--|
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Academic Adjustment | <input type="checkbox"/> Sleep and Nutrition |
| <input type="checkbox"/> Living Environment | <input type="checkbox"/> Home Considerations | <input type="checkbox"/> Emotional Health |
| <input type="checkbox"/> Safety | <input type="checkbox"/> Instructor Grievance | <input type="checkbox"/> Cultural Adjustment |
| <input type="checkbox"/> Immigration | <input type="checkbox"/> Academics | |
| <input type="checkbox"/> Other: _____ | | |

Details

Description of Concern:

Student Solution:

Advisor Sugestions:

Advisor Actions

Follow-up Plan:

Was the student referred to another office on campus? (Student Disability Services, Student Counseling Center, ISSO, etc.)

Yes No If yes, list the office(s) here: _____