



REID STATE COMMUNITY COLLEGE

Semester: Fall Spring Summer **Year:** _____

ACADEMIC ADVISING FORM

Student Name: _____ Student A# _____

Program: _____ Advisor: _____

General Education Core	CRN'S	COURSE	INSTRUCTOR	DAY	TIME	BLDG	ROOM	CAMPUS	Requires Online (Y or N)
Technical Concentration									

PROJECTED COURSES

Online Course Agreement: (Student Initials)

_____ I Understand I must contact my Advisor or the online course Administrator for issues regarding access to my online course.

_____ I Understand I must use my RSTC email account to access course information and obtain initial access to my online course (s).

_____ I Understand if I have not logged into my online course by the first day of class, I must contact my online course instructor or academic advisor.

Student Name (Print) _____

Student Signature _____

A review of the Degree Works has been discussed with the student during advising.

Advisor Signature _____ Date _____