|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name: | | |  | | | | | | | | | | | Gender: | | |  | |
| Student ID: | | |  | | | Contact Telephone #: | | | |  | | | | Date of Birth: | | |  | |
| Address: | | |  | | | | | | | | | | | Expected Graduation Date: | | | |  |
| Email Address: | | |  | | | | | | | | | | | Current Major: | | |  | |
| Emergency Contact with Phone #: | | | | | | | | | | | | | | | | | | |
| Campus (**not Center**) you can meet at: | | | | | | | | | | | | | | | | | | |
| I AM LOOKING TO LEARN MORE ABOUT OTHER UNIVERSITIES (CHECK ALL THAT APPLY): | | | | | | | | | | | | | | | | | | |
|  | Scholarship and Financial Aid Opportunities | | | | | | | |  | | Student Activities (Student Government Association, Clubs) | | | | | | | |
|  | On Campus/ Off Campus Housing | | | | | | | |  | | Student Support Services (Tutoring or Writing Center Programs) | | | | | | | |
|  | Advisement and Registration | | | | | | | |  | | Students with Disability Program | | | | | | | |
|  | Admissions | | | | | | | |  | | Academic Programs | | | | | | | |
|  | Billing and Payment Plans | | | | | | | |  | | Bookstore | | | | | | | |
|  | Online Courses and Degrees | | | | | | | |  | | Native American Student Services | | | | | | | |
|  | Sports Programs | | | | | | | |  | | Fraternity and Sorority Organizations | | | | | | | |
|  | Computer Services | | | | | | | |  | | Library | | | | | | | |
|  | Parent Involvement | | | | | | | |  | | Campus Security | | | | | | | |
| **Please rank the trips in order of preference. Use 1 for your top choice and 2 for your second choice and 3 for your third choice. If you do not wish to attend one please leave it blank:**  **SUU  UofA  NAU  ASU** | | | | | | | | | | | | | | | | | | |
| I WOULD LIKE TO HEAR MORE ABOUT CAREERS/ACADEMIC MAJORS IN: | | | | | | | | | | | | | | | | | | |
| *NOTE: SOME UNIVERSITIES WILL NOT OFFER CAREER/ACADEMIC PROGRAMS IN THE BELOW AREAS.* | | | | | | | | | | | | | | | | | | |
|  | Business | | | | | | | |  | | Education | | | | | | | |
|  | Pre-Professional  Programs | | | Law | Medicine | | Pharmacy | |  | | Music | | Choral | | | Instrumental | | Voice |
|  | Art and Design | | | | | | | |  | | Engineering and Technology | | | | | | | |
|  | Interdisciplinary Studies | | | | | | | |  | | Social Sciences: History, Political Science, Native American Studies, Psychology, Sociology and Anthropology | | | | | | | |
|  | Sciences: Physics, Biology, Chemistry, Geology and others | | | | | | | |  | | Nursing and Health Science | | | | | | | |
|  | Computer Information Systems, Computer Animation, and Computer Science | | | | | | | | | | | | | | | | | |
| Please print the form and take it to your Academic Advisor to complete the remaining sections. | | | | | | | | | | | | | | | | | | |
| administrative action | | | | | | | | | | | | | | | | | | |
|  | | Consultation with Student at NPC Advisement Office:  Yes  No | | | | | | | | | | AGEC IN PROGRESS:  Yes  No | | | | | | |
|  | | Student has Cum GPA of 2.5 or better  Yes  No | | | | | | | | | | Student has completed min of 30 credit hours:  Yes  No | | | | | | |
|  | | Student has degree plan on file: | | | | | | Yes  No | | | | | | | NOTE: | | | |
|  | | Student Currently Registered for SP 2018: | | | | | | Yes  No | | | | | | | NOTE: | | | |
|  | | Student Advised on Remaining Coursework: | | | | | | Yes  No | | | | | | | NOTE: | | | |
|  | | Adviser Recommends Student to Participate | | | | | | Yes  No | | | | | | | NOTE: | | | |
|  | | Other Action (Explain): | | | | | | | | | | | | | | | | |
| Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADVISER SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DIR ENROLLMENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | |