

# CPE ADVISING FORM

Name: \_\_\_\_\_  
Last First M.

Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street/City/ZIP

Sac State I.D. \_\_\_\_\_ Hours Worked per Week: \_\_\_\_\_

Passed WPE? \_\_\_\_\_ On Academic Probation? \_\_\_\_\_

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## Plan for Future Semesters

Semester \_\_\_\_\_ Year \_\_\_\_\_

Semester \_\_\_\_\_ Year \_\_\_\_\_

Fall / Spring \_\_\_\_\_

Fall / Spring \_\_\_\_\_

### Current Semester

### Next Semester

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Notes: \_\_\_\_\_

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### Disclaimer

*This form is for advising purposes only and is, in part, based on the information supplied by the student. Variations from degree requirements and course substitutions must be approved by the EEE Department Chair and officially submitted to Admissions and Records.*

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Advisor's Signature Date