

# CpE ADVISING FORM

Please fill in ALL information completely and legibly before meeting with your advisor

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

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

Address: \_\_\_\_\_  
Street City ZIP

Phone \_\_\_\_\_ Sac State I.D.: \_\_\_\_\_

Hours Worked per Week: \_\_\_\_\_ Passed WPE? \_\_\_\_\_

On Academic Probation? \_\_\_\_\_ Current GPA \_\_\_\_\_

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## Plan for Future Semesters

### Current Semester

Spring / Fall Year \_\_\_\_\_  
(circle one)

List courses you are currently taking

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Next Semester

Spring / Fall Year \_\_\_\_\_  
(circle one)

List courses you plan to take

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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