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| UoNA Student ID# | Student’s Full Name (please print or type) | Personal Email |
| Name of Current Program and Degree Level | | Start Date of Student in this program (QTR/YYYY) |
| Check here you will be maintaining advising dates & summaries in Campus Café in place of using this form, sign the form at the bottom and route it to student records. | | |
| **Date & Summary of each session/actions taken**. (text boxes will expand as you typing; use add’l. page if needed) | | |
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*By signing below, I attest to the advising sessions being held with the student as recorded on this form or if stated, as entered in Campus Café.*

Academic Advisor’s Name & UoNA Title:

Signature:

**Route form** to student records for filing after student’s graduation from the program listed on this form OR 18 months **after** student has/was withdrawn.