

**Office of Graduate and Undergraduate Programs**  
Student Agreement – Suspension Appeal Criteria

**Advisor Conference**

**Students must meet weekly for the 1<sup>st</sup> four weeks with their advisor and thereafter as scheduled by their advisor**

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

Advisor Name \_\_\_\_\_ Office Location and Number \_\_\_\_\_

Details/Discussion Points of the Meeting:

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Student Signature

Date

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Advisor Signature

Date

Date of Next Appointment \_\_\_\_\_