



Faculty Advising Verification Form 2017-2018



FRESNO STATE CSU-LSAMP PARTICIPANTS

(Complete this one-two year plan with your faculty academic advisor, listing when you will take specific requirements to graduate and extracurricular activities)

Please sign the form and have a faculty/department advisor also sign the form. Provide all information requested (For example, Chem 1A; Biol 1A; CE 85 etc). If not planning to be enrolled in SUMMER classes, explain what you will be doing i.e. summer research program, GRE preparation, etc.

Review your DPR (degree Progress Report) which can be found on your student portal (myfresnostate) with your Advisor.

Academic advising is a requirement of LSAMP – must submit at least once per year.

Student's Name: _____ Major: _____ Campus ID: _____

Minor (specify if any): _____ Career Goal: _____ Date: _____

SEMESTER/YR: FALL 2018	SEMESTER/YR: SPRING 2019	SUMMER 2019	SEMESTER/YR: FALL 2019	SEMESTER/YR: SPRING 2020	SUMMER 2020
Course Name i.e.Chem 1A/Math 75/etc	Course Name i.e.Chem 1A/Math 75/etc		Course Name i.e. i.e.Chem 1A/Math 75/etc	Course Name i.e. i.e.Chem 1A/Math 75/etc	
Total Units	Total Units		Total Units	Total Units	

Student Signature: _____ Faculty Advisor Name (Print): _____

Proposed Graduation Semester & Year: _____ Faculty Advisor's Signature: _____