ST. CLAIR
COLLEGE

ADVISING RECORD

School: _____
Program: _____
Name: _____ **Student #**_____

Date of discussion: _____

ISSUE: (Example: Non-Academic Misconduct: Unprofessional Conduct)

RECOMMENDATIONS/ACTION PLAN: As of date indicated above and for the remainder of Program status; the following must be met:
(SUPPORTING POLICY: Code of Students' Rights and Responsibilities)

Chair Signature: _____
Program Coordinator/Faculty Signature:_____
Student Signature: _____ Date: _____