ALCORN STATE UNIVERSITY

Undergraduate Student Career Plan

Name:_____ **Student ID#:**_____
Last **First** **Middle Initial**

Permanent Address:_____
Street and Number **City** **State** **Zip**

Residence Hall/Room#:_____ **Campus Phone#:**_____

Home Phone:_____ **Cell Phone:**_____ **Email:(ASU)**_____

Classification:_____ **(PERSONAL)**_____

Major:_____ **Career Choice:**_____
(i.e. nurse, teacher accountant, dietician)

RECOMMENDED TASKS/ACTIVITIES FROM ACADEMIC ADVISOR

TASK 1:_____

TASK 2:_____

TASK 3:_____

AGREEMENT SECTION: I certify my commitment to work diligently on my career plan and to meet at least three times per semester with my academic advisor to plan and execute all critical activities needed to be completed within an approved time table. I also plan to follow the established curriculum for my major area of study (see catalog) and commit to seeking help when needed.

_____ _____ **TERM** _____
Student's Signature **Date**

☐ **Fall** ☐ **Spring** ☐ **Summer I** ☐ **Summer II**

CLASS SCHEDULE

CRN	Course No. Section	Descriptive Title	Sem Hrs.	M	T	W	TH	F	Building & Room No.	Instructor

Total Semester Hours: _____

_____ _____ _____
Your next scheduled appointment date **Academic Advisor's Signature** **Date**