



FORM-3 (MEETING RECORD)

Student Name: _____ **Student ID** _____

Meeting #	Meeting date	Meeting Purpose	Referring Student to someone else	Proposed Solutions / Advise / Brief notes
1	Year _____ <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	<input type="checkbox"/> Academic <input type="checkbox"/> Carrier <input type="checkbox"/> Other	Name..... Reason.....(student Initials) (Advisor Initials)
2	Year _____ <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	<input type="checkbox"/> Academic <input type="checkbox"/> Carrier <input type="checkbox"/> Other	Name..... Reason.....(student Initials) (Advisor Initials)
3	Year _____ <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	<input type="checkbox"/> Academic <input type="checkbox"/> Carrier <input type="checkbox"/> Other	Name..... Reason.....(student Initials) (Advisor Initials)