



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: _____