

THE COLLEGE OF AGRICULTURE AND LIFE SCIENCES

UNIVERSITY OF VERMONT

ADVISING MEMORANDUM

Instructions: Please complete this form for every advising contact and place in the student's electronic advising folder. Including the date is very important. A copy may be given to the student if action is required.

Date of Advising Session _____

Student's Name _____

Advisor's Name _____

Summary of Advising Session:

Action Required: (by student, advisor, or others)