

Graduate Advising Form

Student Name: _____ Student ID: _____

Student's Program: _____ Student's Plan: _____

(Computer Science or Computer Engineering)

(Master's or Doctoral)

Term & Year (Spring, Fall, Summer)	Course Title & Catalog #	Section #

Comments:

Advisor Signature

Date

***Advisors – Please sign this form and remove the student's advising hold. Once the hold has been removed please email this form to info@csce.uark.edu so the form can be filed in the students record.**