

## CONSENT OF ADVISOR FORM ("COAF")

TIER \_\_\_  Fall  Spring  Summer 200\_

(Tier 1=Advising Week, Tier 2=after Advising Week/before Late Advising Day, Tier 3=Late Advising Day or after)

NAME: \_\_\_\_\_ Student I.D. #: \_\_\_\_\_

Degree Objective: \_\_\_\_\_ Specialization \_\_\_\_\_ Emphasis \_\_\_\_\_

<u>Course No. and Section</u>	<u>Initialed</u>	<u>Course No. and Section</u>	<u>Initialed</u>
COUN _____	_____	COUN _____	_____
COUN _____	_____	COUN _____	_____
COUN _____	_____	COUN _____	_____

Date: \_\_\_\_\_  
Adviser's Name \_\_\_\_\_ Adviser's Signature \_\_\_\_\_

### STUDENT'S COPY

Be sure to make multiple copies of your signed COAF. You will need to provide a copy to each instructor on the first day of class.

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### ADVISOR'S COPY