

Office of Student Services
The College of Education

Counseling Alternatives - Advising Procedures

Date _____

Advisor/Faculty Member _____ Advisee _____

Participant(s)(e.g. advisee's friend or advocate) _____

Advisor/Faculty Member: Please use the following with your Advisee to document alternative programming or other career options. List and briefly describe options discussed, providing copy for advisee/candidate. Place documentation in student file in Student Services.

Alternative Options:

1.

2.

3.

If in agreement regarding one more of the stated options, please sign below and indicate the option(s) that are of consideration:

Agreeable Option(s) (Reference from above)

Advisor/Faculty Member _____ Advisee _____ Date _____

If agreement is NOT reached, Advisee must submit a written response and sign below:

Advisor/Faculty Member _____ Advisee _____ Date _____

*Attach dispositions form