

Appendix A

Central Connecticut State University Social Work Program Advising Contract

Name: _____ ID# _____

Today's Date: _____ Enter Year for Semester for Course Advising: FA ____ SP ____ SU ____ WT ____

Student Schedule:

Course	Department	Day & Time	Credit

Student has agreed to the following:

*** It is the student responsibility to learn the course requirements for the social work major and to monitor progress toward graduation (total number 122 of credits, etc.). Checking your degree evaluation to ensure you are receiving the correct course credit for courses completed each semester is highly recommended.**

Student's Signature: _____

Student's Personal Identification Number (PIN) _____

Faculty Advisor's Signature: _____