

# Advisory Meeting Checklist

Student's Name \_\_\_\_\_ Bnumber \_\_\_\_\_

Date \_\_\_\_\_

We discussed the following:

1. Career goals. The plan is:

2. Transcripts. Identify strengths and weaknesses. EMC /P <</MCID 3 >>BDC EMC /P2<</MCID 14 >>BDC EMC /P2

Student Signature \_\_\_\_\_ B B B B \_\_\_\_\_

Supervising Professor:

Name \_\_\_\_\_ B B B B B B B B B B B B B B B B Signature \_\_\_\_\_ B B B \_