Department of Environmental & Public Health Sciences





Advising Meeting Form Students are responsible for the following:

Academic Advisor Name

| | very semester before the first day of classes with their advisor. | | |
|--|---|---|----------------------------|
| Name: UC ID#: UC E-mail: Admit Term: Expected Graduation Term: | Degree in which you are enrolled: ☐ Certificate ☐ MPH ☐ MS | | |
| | | Course Planning: Advanced Standing, Prerequisites, Required Courses, Electives (some courses offered once a year) Practicum & Capstone progress (MPH) Qualifying Exam progress (PhD students only) Thesis or Dissertation progress / Committee Members Advisor Comments: | |
| | | Other Goals: | rity, transferable skills) |
| | | | |
| | | Student Questions, Concerns, or Obstacles | if any: |
| Student Signature | - | | |

Academic Advisor Signature