



CCAMPIS Academic Advisor form

Child Care and Family
Services

Student Name

Last _____ First _____

Semester (circle one) Fall / Spring / Summer Year _____

I certify that I have seen an academic advisor on (date) _____

Signature of student _____

Name of academic advisor (print)

For academic advisor:

I certify that I have visited with the aforementioned student and agree that they are enrolled in courses that further their academic goals and/or have given them advise on which course(s) is(are) required for their educational goal.

Signed _____

Date _____