

UNIVERSITY OF NEVADA, LAS VEGAS

## **ADVISING REPORT**

Date:		
Last Name:		
First Name:		
NSHE ID:		
Major (s):	Min	or:
Advisor's Name:		
If student is doing poorly acade dropping out, etc.)	mically, please indicate reas	sons: (i.e. sickness, reasons for
Notes: (i.e. courses student will	l be taking next semester)	
		Advisor Signature