

UNIVERSITY OF NEVADA, LAS VEGAS

ADVISING REPORT

Date:	
Last Name:	
First Name:	
NSHE ID:	Standing:
Major (s):	Minor:
Advisor's Name:	_

If student is doing poorly academically, please indicate reasons: (i.e. sickness, reasons for dropping out, etc.)

Notes: (i.e. courses student will be taking next semester)

Advisor Signature