

**Western New England College  
Advising Record**

Student Name \_\_\_\_\_

Current Curriculum \_\_\_\_\_

Date of Discussion \_\_\_\_\_

Anticipated Curriculum \_\_\_\_\_  
(if applicable)

Suggested Course/Section (If Applicable)

Registered

**Fall Semester**

**Year** \_\_\_\_\_

Notes

Yes

No


<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Replacing** (if applicable)

Optional Course \_\_\_\_\_

Optional Course \_\_\_\_\_

Summer/Winter Course(s) \_\_\_\_\_

Advisor \_\_\_\_\_

**Spring Semester**

**Year** \_\_\_\_\_

Notes


<input type="checkbox"/>	<input type="checkbox"/>
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**Replacing** (if applicable)

Optional Course \_\_\_\_\_

Optional Course \_\_\_\_\_

Summer/Winter Course(s) \_\_\_\_\_

Advisor \_\_\_\_\_