

Advisor Approval Form

Date: _____

Student Name: _____

Student ID: _____

To SPS Summer Advising:

I hereby certify that I have reviewed the above student's withdrawal request for Summer 2022 for the following classes:

Course name/number: _____

Course name/number: _____

Course name/number: _____

Course name/number: _____

Course name/number: _____

I have discussed the impact of the withdrawal on the student's degree progress and have advised the student on the withdrawal and refund schedule for the summer session.

Signed: _____