Appendix A

Central Connecticut State University
Social Work Program
Advising Contract

Name: __________________________ ID# __________________________

Today’s Date: _______ Enter Year for Semester for Course Advising: FA ____ SP ____ SU ____ WT ____

Student Schedule:

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<tr>
<th>Course</th>
<th>Department</th>
<th>Day &amp; Time</th>
<th>Credit</th>
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Student has agreed to the following:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

* It is the student responsibility to learn the course requirements for the social work major and to monitor progress toward graduation (total number 122 of credits, etc.). Checking your degree evaluation to ensure you are receiving the correct course credit for courses completed each semester is highly recommended.

Student’s Signature: __________________________

Student’s Personal Identification Number (PIN) __________________________

Faculty Advisor’s Signature: __________________________