**Sample Advising Contract**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Simpson E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic advising is a shared responsibility. Advisors will partner with you to help you make the best decisions possible, but you *are in charge* of your academic decisions and degree progress. Ultimately, *you* – the student – are responsible for your educational experience and academic success.

As an advisee of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (advisor’s name), I agree to the following guidelines:

1. Meet with my advisor at least once per semester to discuss my progress, my goals, and the classes I would like to register for the following semester.
   * My meeting dates for this academic year are:
     1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
     2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Register for classes prior to the start of the semester and as early as possible to avoid closed classes, which may slow my progress in completing my degree.
3. Monitor my degree audit and let my advisor know if there are any problems.
4. Monitor my progress in each course and inform my advisor if I am having problems.
5. Check for and resolve holds on my account.
6. Comply with all academic policies at Simpson College.
7. Follow through on any recommendations agreed upon between my advisor and myself.
8. Meet with my advisor to make any changes to my course schedule, major/minor, or to change advisors.

By signing below, you are acknowledging that you are accountable for your degree and have read and understand your advising requirements. I agree to: 1) accept responsibility for my own actions or inactions that affect my educational progress and goals; 2) utilize online tools and on-campus resources to make informed decisions about my degree plan; and 3) actively participate in academic advising.

I acknowledge that my advisor may not allow me to register for the following semester if I have not completed the above requirements that I have agreed to.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_