

EASTERN MICHIGAN UNIVERSITY

Academic Advising Center
301 Pierce
Ypsilanti, MI. 48197

Phone Number: 734.487.2170
Fax Number: 734.487.6908

academic.advising@emich.edu
<http://www.emich.edu/aac>

Waiver of Academic Advising

Name (please print):		Student #: E
Semester (please circle one)	Indicate Year	New Student Type (please circle one)
Fall / Winter / Spring / Summer	20__	Freshman Transfer
Please List Major: _____		
Minor: _____		

I hereby *waive* all academic advising from the Academic Advising Center for my initial semester at Eastern Michigan University. I have been offered assistance and understand that, should I choose not to accept this assistance, *I alone am responsible for the appropriateness of my course selection*, and will be responsible for arranging any departmental permission necessary, as well as, any other enrollment-related actions.

I also understand that:

1. I will be following the **NEW General Education Program** that begins **Fall 2007**.
2. courses that could apply to the New General Education Program may not fulfill the requirements without an "initial" advising appointment. Paperwork is only done during the initial appointment.
3. I am responsible for any additional courses that may be a result of my "Waiver of Advising" and this new program.
4. I will not be able to change this once I have submitted this form.

Your Signature: _____	Date: ____ / ____ / ____
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NOTE: Signing this form indicates that this student has waived the opportunity for advising/scheduling assistance from a professional advisor of the Academic Advising Center during his/her initial semester at Eastern Michigan University. The student is held solely responsible for course placement, pre-requisites, and other aspects of enrollment.

Fax, Mail, or Drop Off at:

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Eastern Michigan University
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Fax Number: 734.487.6908

Provided:	(STAFF USE ONLY)		
Current Catalog or coupon:	<u>Y/N</u>	Schedule Book(s): <u>Y/N</u>	AAC Staff Initials: _____
	<u>Date</u>	<u>Initials</u>	
Entered into Banner:	_____	AAC Staff:	_____
Tabulation of credit requested:	_____	AAC Staff:	_____