

CALIFORNIA STATE UNIVERISTY, SAN BERNARDINO 8/08
Department of Health Science and Human Ecology
Nutrition and Food Sciences Program/Didactic Program in Dietetics
ADVISING RECORD

Today's Date: _____

Student's Name: _____ Student ID No: _____

Local Address: _____

zip

city

email addresses: _____ Local/cell Phone No. (____) _____

Permanent Address (if different) _____

Tel. No.: Work: (____) _____ Permanent phone (____) _____

Prev. Degree(s)/institutions attended:

GPA: _____ Previous Major(s): _____

Class status: Fr. Soph. Jr. Sr. Grad. Anticipated date of graduation _____

CSUSB Bulletin year for graduation (for GE) _____ NFS major declared? Yes No
if no, please declare the major ASAP.

Transfer credits awarded by CSUSB _____ units Ethnic background (for ADA data) _____

I do not wish to respond to the question. _____

Related work experience: _____

Professional goal(s): _____

Acad. qtr/year *Suggested classes* *Comments* *Advisor initial/date*