



Walk-in Intake Form

First Year Advising & Exploration

PLEASE FILL OUT THE FORM ELECTRONICALLY PRIOR TO PRINTING

Name: _____ Current Major(s): _____
 PID: _____ Current Minor(s): _____

First Year Advising and Exploration requests that you complete this form to better ensure that your needs are met in the time allotted for walk-in advising appointments. Walk-in advising appointments are limited to fifteen minute meetings with an academic advisor.

1. List **all courses** completed, enrolled, and planned at UCF and include the term, grade, and academic purpose (GEP- A1, B2, D2, etc., Major, Elective, or Foreign Language) of the course.

Term	Course	Grade	Academic Purpose	Term	Course	Grade	Academic Purpose

2. Do you have AP, IB, Dual Enrollment, Transient, AICE or CLEP credit? Yes No If yes, list all courses below:

Type	Exam/Course	Score/Grade	Purpose	Type	Exam/Course	Score/Grade	Purpose

3. Check your reason(s) for attending a walk-in appointment today:

- | | | |
|----------------------|-------------------------------|----------------------|
| Schedule planning | Holds/To-do-items | Course Overrides |
| Permission Numbers | Pre-Requisite errors | Declare/change major |
| Declare/change minor | Overview of transient process | Course Withdrawal |
| Course grades | Other: | |

Bring the completed form to the First Year Advising & Exploration front desk to sign-in for the first available advisor during Walk-in Advising hours.

Office Use Only:

<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> A1 <input type="checkbox"/> C1 <input type="checkbox"/> A2 <input type="checkbox"/> C2 <input type="checkbox"/> A3 <input type="checkbox"/> D1 <input type="checkbox"/> B1 <input type="checkbox"/> D2 <input type="checkbox"/> B2 <input type="checkbox"/> E1 <input type="checkbox"/> B3 <input type="checkbox"/> E2 </div> <div style="width: 45%; text-align: center;"> Planned Courses <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">TA</td> <td style="width: 50%; border: none;">PRBA</td> </tr> </table> </div> </div>	TA	PRBA
TA	PRBA	

	Student Signature: _____ Date: _____
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