

Program Advising Form
 University of Louisiana Monroe – Radiologic Technology Program

Student: _____ Advising Meeting Date _____

Advisor: _____

Semester: _____

Students fill out the information in the table below prior to the advising meeting

Course Name	Grade	Tardies	Absences	Clinical Competencies (Clinic Courses Only)

Advisor Comments:

- Student Performance:**
- Mastery of the program
 - Above average, but room to improve
 - Meets minimum standard
 - Below minimum standards, needs to improve performance
 - Showing lack of effort

Student Comments:

Student Signature _____

Advisor Signature _____