Ashland Community & Technical College

STUDENT SCHEDULE CARD

Semester: _____ **School Year:** _____

Student Name: _____ **Phone No. Day:** _____ **SSN:** _____

County: _____ **State:** _____ **Phone No. Evening:** _____ **Student ID:** _____

PeopleSoft Class Number	Catalog Number	Section Number	M	T	W	TH	F	S	Starting Date	Ending Date	Room No.	Credit Hrs.	Instructor

Major: _____

Degree ☐ Diploma ☐ Certificate ☐

Totals Credit Hrs _____

_____ _____ _____

Student's Signature *Advisor's Signature* *Date*

Instructions: **Please complete the following questions by circling your response to each question. In Part I, evaluate the services you have received from the advisor you have worked with today. In Part II, indicate the degree to which the advisor demonstrated these qualities:**

Part I – My Advisor:

1. Was available to assist me during Pre-registration/registration. A – Yes B – No C – Not Applicable
2. Explored with me my career goals and options. A – Yes B – No C – Not Applicable
3. Used my past academic record and all available testing data to assist in planning my schedule. A – Yes B – No C – Not Applicable
4. Has good rapport with me; listens attentively and helps me see more clearly what I should do. A – Yes B – No C – Not Applicable

Part II

1. I rate the assistance and information provided to me by my advisor as: A – Very Helpful B – Helpful C – Not Helpful
2. Overall, I would rate my advisor as: A – Very Helpful B – Helpful C – Not Helpful
3. Overall, I would rate the entire advising and registration process at ACTC as: A – Very Helpful B – Helpful C – Not Helpful

Comments:_____

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