

Governors State University
Master's Program in Health Administration
Student Academic/Career Advising Communication Checklist

Name:	Semester of Enrollment
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Professional Goals:	1) 2) 3)
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Student Advising Session #1 (Initial/ Year 1: Start of _____ Semester)	Date:
Topics: <input type="checkbox"/> Professional Goals <input type="checkbox"/> Student/Program Expectations <input type="checkbox"/> Competency Development* <input type="checkbox"/> Office Hours <input type="checkbox"/> Contact Info (Student & Faculty) <input type="checkbox"/> Professional Development <input type="checkbox"/> Study Plan	
Comments:	

Student Advising Session #2 (Year 1: _____ Semester)	Date:
Topics: <input type="checkbox"/> Academic Performance <input type="checkbox"/> Competency Development* <input type="checkbox"/> Writing/Teamwork Feedback	
Comments:	

Student Advising Session #3 (Year 2: _____ Semester)	Date:
Topics: <input type="checkbox"/> Academic Performance <input type="checkbox"/> Competency Development* <input type="checkbox"/> Preparation for Field Experience	
Comments:	

Student Advising Session #4 (Year 2: _____ Semester)	Date:
Topics: <input type="checkbox"/> Academic Performance <input type="checkbox"/> Competency Development* <input type="checkbox"/> Career Development/Transition	
Comments:	

Student Advising Session #5 (Year 3: End of _____ Semester)	Date:
Topics: <input type="checkbox"/> Academic Performance <input type="checkbox"/> Competency Development* <input type="checkbox"/> Program Feedback	
Comments:	

Student Advising Session #6 (Year 3: End of _____ Semester)	Date:
Topics: <input type="checkbox"/> Academic Performance <input type="checkbox"/> Competency Development* <input type="checkbox"/> Program Feedback	
Comments:	

*Enter Competency Development assessment into Competency Matrix in Excel