

AIT ADVISEMENT FORM

ACADEMIC YEAR 2018-2019

PERSONAL INFO

Name: _____

T#: _____

Email Address: _____

Telephone Number: _____

AIT Concentration: _____

Hours Completed: 0-30 31-60 61-90 91-120

HOUSING

Do you live on campus? Yes No

STUDENT REQUEST(S):

ADVISOR'S NOTE(S):

Always check your MyTSU email!