

# NORTHEASTERN TECHNICAL COLLEGE

## ADVISEMENT FORM

**Student Name:** \_\_\_\_\_  
(Please print) (Last) (First) (Middle)

**SSN or ID:** \_\_\_\_\_ **Program Name:** \_\_\_\_\_

**To the Student:** Your Faculty Advisor will assist in the selection of classes based on your career goals and program requirements for graduation. Your Student Services Advisor in the Enrollment Center will then certify your course schedule and confirm financial aid will cover the classes, as needed.

TERM	PREFIX	#	SECTION	CR	NOTES

**Faculty Advisor sign off:** I verify that this student and I have discussed career goals, academic goals and course planning in order to identify their courses and sections for next term. All selected courses satisfy their current active program requirements.

Faculty Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print your name: \_\_\_\_\_ Office phone extension: \_\_\_\_\_

**Student Services Advisor Center sign off:** I verify that this student has been registered for their selected classes for next term, and that their financial aid (if needed) is in place.

Student Services Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print your name: \_\_\_\_\_ Office phone extension: \_\_\_\_\_

**Student sign off:** I verify I understand:

1. that I am responsible for the classes scheduled for the forthcoming term and that Financial Aid pays only for the classes required for my active academic program.
2. Classes not required for program completion do not count for financial aid purposes.
3. If I withdraw from any/all classes or am dropped for excessive absence before 60% of the term, I may receive a bill for tuition. In such a situation, it is my responsibility to contact NETC Financial Aid Office to determine tuition repayment.
4. I acknowledge that Lottery Tuition Assistance Awards are subject to change each term.
5. The South Carolina Illegal Immigration Reform Act (S.C. Code Ann. §59-101-430; Westlaw 2008) prohibits those unlawfully present in the United State from attending a public institution of higher education in South Carolina and from receiving a public higher education benefit. **By signing this statement, I attest that I am a U.S. citizen**, a legal permanent resident in the United States, or an alien lawfully present in the United States. I recognize that the college may require me to submit documentation that supports this claim. Any student providing false information may be subject to dismissal from the College. Any student who is found to be unlawfully present in the United States will be dismissed from the College.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_