

# Middle Georgia State University Advising Consent Form

I, \_\_\_\_\_ agree to allow the following people to be present at a conversation between myself and my academic advisor at Middle Georgia State College in which my status as a student, my grades, my major, and other related matters may be discussed:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Student ID #

\_\_\_\_\_  
Date