

Request for Removal of Advising Hold or Block

Name of Student: _____

Student ID Number: _____

Student Phone or email address: _____

Name of faculty advisor: _____

Note: If you do not have a faculty advisor or do not remember who your faculty advisor is, please inquire in the Educational Planning and Advising Center in Building 6, second floor.)

Signature of faculty advisor: _____

Date: _____

Return this form to the Registration Counter in Building 6, 1st floor for the removal of your advising block.