MISSISSIPPI DELTA COMMUNITY COLLEGE

Academic Advising Acknowledgment & Student Responsibility Form

Student Name: _____ **Student ID:** _____

Program/Major: _____ **Date:** _____

Advisor: _____ **Term:** _____

Student Acknowledgment

I acknowledge that I have met with an academic advisor and received guidance regarding my program of study, degree requirements, course selection, and progress toward graduation.

I understand that **academic advising is a collaborative process and that I am ultimately responsible for the trajectory and completion of my degree or certificate.**

By signing this form, I acknowledge that:

- My advisor has provided recommendations based on my academic record, current program requirements, and information available at the time of this appointment.
- I am responsible for reviewing my schedule, degree requirements, and academic progress for accuracy.
- Any changes made after this advising appointment including **adding or dropping courses, withdrawing, changing my major/program, changing course modality, failing or repeating a course, or not following the recommended course sequence may alter my degree path and anticipated graduation date.**
- Course availability, prerequisites, transfer credits, developmental requirements, program changes, and other academic circumstances may also affect my graduation timeline.
- Academic advising does not guarantee graduation by a specific date. I must successfully complete all institutional and program requirements to earn my degree or certificate.
- I should consult Academic Advising or my Academic Advisor before making changes to my recommended academic plan.

Student Certification

By signing below, I confirm that I participated in this advising appointment, had an opportunity to ask questions, and understand the guidance provided. I acknowledge my responsibility for monitoring my academic progress and understand that changes to my academic plan may affect degree completion.

Student Signature: _____ **Date:** _____

Advisor Signature: _____ **Date:** _____

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