

# AIT ADVISEMENT FORM

ACADEMIC YEAR 2019-2020

**PERSONAL INFO [PRINT IN INK; NO NEED TO ATTACH A CHECKLIST]**

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):

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ADVISOR'S NOTE(S):

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***Always check your MyTSU email!***