

AIT ADVISEMENT FORM

ACADEMIC YEAR 2025-2026

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):

ADVISOR'S NOTE(S):

Always check your MyTSU email!

Aeronautical & Industrial Technology Department

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