



Nursing Generic Program A.A.S. Academic Advising Evaluation Form

Note: This student is applying to the Nursing Generic Program A.A.S program. They need this form completed by an academic advisor to submit with their application. We ask that the advisor verify the student information indicated. If student does not have an Alamo email account or a Banner ID#, they cannot apply to the program until these items have been obtained. Thank you.

Section I (Student Information): *This section filled in by student.*

Name (Last, First, Middle)	
Address (city, state, and zip code)	
Date of Birth (xx/xx/xxxx)	
Phone Number	
ACES Email	
Banner ID	

Section II (Advisor to Complete):

Current student in the Alamo Colleges?	<input type="checkbox"/> Yes <input type="checkbox"/> NO (If not, please refer student to ApplyTexas.org. You do not have to complete the remaining portion. Student cannot apply to program)
If student is a current student for the Alamo colleges, is SPC their home school?	<input type="checkbox"/> Yes <input type="checkbox"/> NO (If not, please indicate how soon this can be accomplished and instruct student on how and when to complete this process.)
Is student's current listed major: Nursing Generic Program A.A.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> NO (If not, please indicate how soon this can be accomplished and instruct student on how and when to complete this process.)
Is student's current listed program: SPC Hlth & Biosciences, AAS?	<input type="checkbox"/> Yes <input type="checkbox"/> NO (If not, please indicate how soon this can be accomplished and instruct student on how and when to complete this process.)
Current Alamo Colleges GPA	



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Does this student have any Registration Holds?	<input type="checkbox"/> Yes (If yes, please instruct student on what they need to do to remove this hold.) <input type="checkbox"/> No
Is student's current Academic Standing: Good Standing	<input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please instruct student on what they need to do for compliance. You do not have to complete the remaining portion. Student cannot apply to program)
Is student TSI Status: CR - College Ready?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please instruct student on what they need to do for compliance. You do not have to complete the remaining portion. Student cannot apply to program)
Has the student completed the 7 prerequisites required to apply to the program or will they complete by deadline? (You do not need to verify grades or when taken. That will be the student responsibility. If not in compliance, application will be denied) If course not completed do not check the box.	<input type="checkbox"/> ENGL 1301 <input type="checkbox"/> PSYC 2301 <input type="checkbox"/> PSYC 2314 <input type="checkbox"/> PHIL 2306 <input type="checkbox"/> BIOL 2401 <input type="checkbox"/> BIOL 2402 <input type="checkbox"/> BIOL 2420 or 2421 Note: Only check completed courses and not courses in progress.

Academic Advisor Name	
Academic Advisor Signature	
Date Form Completed	

Thank you for assisting this student with their academic advising and ensuring RN program requirements for student success! For any questions, please contact Dr. Valerie Moke, ADN Program Director at vmoke@alamo.edu or office phone 210-486-2546.