

PSYCHOLOGY ADVISING AGREEMENT

Both advisors and advisees share responsibility for making the advising relationship succeed. It is important that you, the student, are aware of our responsibilities as advisors and our expectations of you as an advisee. We have developed this agreement in hopes of better serving you and improving the advising relationship. Please keep your copy so that you can refer to it as needed.

Advisor Responsibilities:

- Be familiar with program requirements.
- Make recommendations for registration and academic plan.
- Monitor student progress.
- Help students explore career options.
- Refer students to other campus resources.
- Look for potential in students.
- Motivate students to take responsibility for their own academic and career goals.
- Exhibit trust and confidence in students.

Advisee Responsibilities:

- Prepare for and keep appointments.
- Establish and follow academic plans.
- Use university resources.
- Read the catalogue.
- Review academic progress.
- Seek academic and career information needed to meet educational goals.
- Attend and participate in class.
- Get involved in campus and community events.
- Take responsibility for and own decisions.

Please read and initial the statements below:

___ I understand that I am responsible for checking my **U of A e-mail account** on a regular basis. If I do not have a **U of A e-mail account** at this time, I agree to create one by going to <https://account.arizona.edu/> and e-mail the Psychology Advising Center (psycinfo@email.arizona.edu) with my first and last name, and new **U of A e-mail address** requesting to be added to the Psychology Listserv within one week from today (___/___/___).

___ I understand that I am responsible for reading the e-mails sent to me over the Psychology Listserv. If I read the title of the e-mail and it is clearly not applicable to me, I am free to delete the e-mail.

___ I understand that I am responsible for taking action on the information contained in the e-mails sent to me over the Psychology Listserv if necessary.

___ I understand that no accommodations will be made for me if I fail to read and act on e-mails sent to me over the Psychology Listserv, and I agree to accept the consequences of my failure to read and act on those e-mails.

___ I understand that I can not be advised as to my specific academic program over e-mail, unless I have signed an E-Mail Release Form. I understand that it is my responsibility to request this form.

___ I understand that in order to make an appointment, I need to call (520) 621-7439 or stop by Room 312 in the Psychology Building.

I have carefully read this agreement and agree to the statements above.

Student Name: _____

SID: _____

Student Signature: _____

Date: _____

Advisor Signature: _____

Date: _____