



HLC Accreditation 2016-2017

## **Evidence Document**

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Academic Affairs

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### **Dual Advising Form Web Page**

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Transfer and Articulation

Academic Affairs  
 1845 Fairmount  
 Box 13  
 Wichita, KS 67260-0013  
 316-978-3010/316-978-3010  
 webmaster@wichita.edu

# Dual Advising Form

Please complete the form and click "SUBMIT"

## YOUR CONTACT INFORMATION

First Name: \*

\* = Required Field

Middle Initial: \*

Last Name: \*

Birthdate (MM/DD/YYYY): \*

Street Address: \*

City: \*

State (two-letter postal abbreviation): \*

ZIP Code: \*

Your E-mail Address: \*

Daytime Phone (xxx-xxx-xxxx): \*

Evening Phone (xxx-xxx-xxx): \*

Two-Year College you are currently attending: \*

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## YOUR TWO-YEAR COLLEGE ADVISOR'S INFORMATION

Advisor Name:

\*

Advisor Address:

\*

Advisor Phone (xxx-xxx-xxxx):

\*

Advisor Email Address:

\*

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## YOUR EDUCATIONAL PLANS

Desired Degree/Major at WSU:

\*

Minor (*If Applicable*):

Anticipated Transfer Date to WSU:

\*

Have either of your parents graduated from a four-year college?

Yes

No

I don't know

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