Faculty
Request for Student Advising Profile
Access in ULink

Name: __________________________   CLID: ______________

Title: __________________________    Dept: ______________

Advisors are required to complete the advisor training Best Practices for Effective Faculty Advising Session I and II.

(Please select)

____ Undergraduate      _____ Graduate      _____ Both

*Honors (Request must come from Honors Program)

By signing this form, you are acknowledging responsibility for activity performed through this access.

_________________________________________   Date: ______________

Signature of Applicant

Approved:

Department Head: __________________________   Date: ______________

Please forward this form to Pennie Babin in the Academic Success Center:
pennie@louisiana.edu  |  337.482.6836

Office Use Only

Director, Academic Success Center: _______________   Date: ______________

Vice President, Enrollment Management: _______________   Date: ______________

Forward this form to Pennie Babin in the Academic Success Center.

Advisor Code: ____________   Job Date: _______________   Job Number: _________