

WOLF WATCH ADVISOR TRACKING

PRINT NAME _____

ID # 917 _____ DATE _____

POSITION _____

DEPARTMENT _____

UWG EMAIL ADDRESS _____

BRIEF DESCRIPTION OF ACADEMIC ADVISEMENT ACTIVITIES

ESTIMATE OF PERCENTAGE OF WORK TIME SPENT ADVISING

Signature _____

Supervisor's Signature _____

Please return completed forms to the Registrar's Office.

Form will be submitted as application for membership to UWG Professional Association of Academic Advisors (PAAA).

Wolf Watch information and updates will be submitted via the PAAA listserv.

For additional information access:

<http://www.westga.edu/advising>