

Study (document missing or blank).

ISA/CYBR 3300 Management of Information Security Mandatory Advising Affidavit

To:	, Instructor for ISA/CYBR 3300			
From:	, Adviser for		College/Institute	
Date:				
Re:	Advising Appointment with:	KSU ID#:		
etwietie	as for the Advisor			
	ns for the Adviser: r to ensure effective degree progression and matriculo	ation for students in ISA/	CYBR classes - whether a(n) i	
	ior or not - we have instigated mandatory advising as			
	lete a program checklist including GenEd and Major o			
chedules	planned for the remainder of the student's academic p	program. The students m	nust bring these completed	
	s to an adviser in their college/institute and have the a			
	a completion of the advising session, I ask that you, the			
	pdate the student's DegreeWorks account, noting the			
	o submit this information as part of their assignment,			
	f advising. Thank you in advance for your assistance.	Please email their instri	uctor if you have any question.	
	r. Mike Whitman (<u>mwhitman@kennesaw.edu</u>). se begin by filling out the header of this memorandum,	including your printed a	name the date and time of the	
	ession, and the student's full name and KSU ID#. Nex			
	version of a) the advising checklists and b) a projecte			
1	3 / 1 3	1	3	
	aken - Students in Coles and CYBR majors must visit			
	Advising Checklists. Students not in these majors sho	ould download a compara	able checklist or create one	
	showing all courses taken and in-progress:			
	appropriate box below)	· . 1· 1 · 1 .: .: .: .: .: .: .: .	. 1 1:	
	vised student showed me a completed advising checkl			
	vised student showed me a partially completed progravised student did not show me a completed program c			
] The au	visca student and not show the a completed program c	neckrist (document missi	ing of blank).	
ıture Pla	n of Study – all students must print and complete a	ISA/CYBR 3300 PI	an of Study Assignment	
	ng the courses they are currently enrolled in and all	Expected Graduation Date:		
anned co	urses necessary to complete their degree program.	Course # Course Name	Day/Time	
	the right is of a blank plan of study.	1 2		
	appropriate box below)	1 2 3 4 5 5		
	vised student showed me a completed Plan of Study.			
	vised student showed me a partially completed Plan	Course # Course Name	Day/Time	
of Stu	· ·	1 2 3		
(Tl 4)	vised student did not show me a completed Plan of	2		

Phone: 470-578-7763

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have any questions or concerns.

Advisers: Please check the applicable	option below:
	name and the date I advised the student, as soon as possible.
OR I will email the instructor with my na	ame and the date I advised the student, as soon as possible.
Advisers: Please check the applicable	e option below:
	f study and advised the student that if they follow the current plan, they should meet r plan had no scheduling or prerequisite conflicts as best I can determine in the time
	f study and advised the student that if they must revise their current plan, as there are it in its current form. Please list any major issues below:
Brief summary of comments to the	student.
I hereby affirm that	met with me for advising on the date indicated.
(1 teuse prin	i student nume nerej
student does not plan to enroll in an	of study and made sure to the best of my ability in the time available that the sy courses for which the prerequisites would not be met, especially ISA 4820, approved except in extreme circumstances.
(Printed Name)	(Signature)
KSU Email:	
KSU Phone extension:	
Advisers:	
	KSU email address and phone number. When finished, please give the ak you again for your assistance and support. Please email the instructor if you

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