

CMHT Advising Agreement - MDR

UNT
EST. 1890

COLLEGE OF
MERCHANDISING,
HOSPITALITY
& TOURISM

Name: _____ Student ID#: _____

Catalog Year: _____ Major: _____ Additional Major/Minor: _____

Academic advising is a shared responsibility. Advisors will partner with you to help you make the best decisions possible, but you are in charge of your academic decisions and degree progress. Ultimately, *you* – the student – are responsible for your educational experience and academic success.

By initialing below, I agree to the roles and responsibilities to uphold my end of the advising partnership:

_____ I understand that EagleConnect is the official UNT email system for students and it is my responsibility to check my email on a regular basis as this is the email the CMHT Advising Office is required to use.

_____ To be in good standing at UNT, I must maintain a 2.0 UNT GPA. If my UNT GPA falls below a 2.0, I understand that I will be put on academic probation or suspension and have mandatory advising.

_____ I understand that all CEXM, CMHT, DRTL, HFMD, HMGT, MDSE, and RETL courses require a grade of C or higher, as well as ACCT 2010 and the core Math requirement.

_____ It is my responsibility to check ALL course prerequisites before registering and to be in compliance with catalog policies and requirements.

_____ I understand that if I fail to take or do not pass a required course or a prerequisite for a required course, it may delay my anticipated graduation date.

_____ I recognize that UNT's duplication policy states that only the first attempt is removed from my GPA and that the second and all subsequent attempts are permanent in my GPA.

_____ Should I choose to take classes outside of UNT, it is my responsibility to check with my advisor first to determine the transfer and application of courses. It is also my responsibility to determine how this might affect my eligibility for tuition plan incentives (Eagle Express).

_____ It is my responsibility to notify my advisor of any changes to my major/minor/catalog year.

_____ It is my responsibility to complete a graduation check appointment during the semester *prior* to my graduating semester.

_____ I understand that I must apply for graduation during my final semester by the deadline listed on the Registrar's website and complete the CMHT Graduating Student Survey by the deadline given by the CMHT Advising Office.

_____ **CEXM/DRTL/HFMD/MDSE/RETL majors:** I understand that I must complete my internship either during my final semester or the summer before my final semester. I also recognize that I must attend a mandatory internship orientation and apply for the internship course prior to my last semester.

By signing below, I acknowledge that I am accountable for my degree and have read and understand my advising requirements. I agree to: 1) accept responsibility for my own actions or inactions that affect my educational progress and goals; 2) utilize online tools and on-campus resources to make informed decisions about my degree plan; and 3) actively participate in the academic advising process as outlined by my advisor.

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____