

Letter of Student Advisory Terms

Date: [Insert Date]

[Student Name]

[Student Address]

[City, State, Zip Code]

Email: [Student Email]

Dear [Student Name],

We are pleased to inform you about the terms of our student advisory program. This advisory program is designed to support your academic journey and provide guidance during your time at [Institution Name].

Terms of Agreement

1. **Advisor Meetings:** You agree to attend scheduled meetings with your academic advisor on a regular basis.
2. **Communication:** You will maintain open communication with your advisor via email and during office hours.
3. **Academic Progress:** You are responsible for keeping track of your academic progress and discussing any concerns with your advisor promptly.
4. **Confidentiality:** All discussions with your advisor will remain confidential.
5. **Feedback:** You are encouraged to provide feedback about the advisory process to help improve the program.

Please acknowledge your acceptance of these terms by signing below:

[Student Name]

Thank you for your commitment to your personal and academic growth. We look forward to working with you!

Best regards,

[Advisor Name]

[Advisor Title]

[Institution Name]

[Contact Information]