



**ROCKY MOUNTAIN UNIVERSITY**  
**OF HEALTH PROFESSIONS**

**Student Advising Log**

Name: \_\_\_\_\_ Program: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Year Entered Program: \_\_\_\_\_

**CONTENT OF COMMUNICATION**

OUTCOMES/ACTION NEEDED	DATE OF COMPLETION

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
GPD/Faculty Signature

\_\_\_\_\_  
Date