

**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>