Faculty Mentorship/Advisory

Faculty Name: _____   Student ID: _____

Meeting Date_____   First Name_____   Last Name _____

E-Mail _____   Contact number_____

Do you have a degree? If yes, degree/ major/ college_____

Have you declared a major with SIS? If not, declare with SIS or obtain the form from Admission office

Name classes you have completed at West or other colleges _____

Classes you are currently enrolled_____

Classes you plan to take in the following semester:

Semester:	Classes:
Semester:	Classes:
Semester:	Classes:
Semester:	Classes:

Your Academic Goal at West LA Collage with Computer Science & Application Division:

	AA/AS/Certificate degree (major 30 units)		Certificate of Achievement (under 17 units)
	Computer Science Information Technology		Mobile Application Development
	Computer Network and Security Management		Computer Network Management
			Network and Information System Security
	Web support and Database Administration		Business Application and Database Management
			Web Support and Administration
			Cloud Computing-Amazon Web Services

College certificate you have completed: _____

Industry certificate you have earned & year_____

If not yet, which industry certificate are you pursuing?   A+   Network+   Security+   Linux+

   Apple   Microsoft   CISCO   VMware   AWS   List others _____

Are you currently working?   ☐ Yes   ☐ No

If yes,   ☐ Full Time   ☐ Part Time   ☐ Permanent   ☐ Temporary

If yes, is this job Computer Technology related? If yes, your job title _____

If yes, how long have you been with this organization? _____

If not Computer Technology related, what field and job title are you currently working _____

*(Optional) Name of your organization: _____

Career Goals: _____

Meeting Remarks_____