

Academic Counseling Meeting Form

Meeting reason:

- ☐ Invitation by the academic advisor

☐ Visit by the student

Day: _____

Date: _____

Student Name: _____

Student ID: _____

Reason(s) for calling for the meeting: _____

Topic of Academic Counseling Meeting:

<i>Courses</i>	<i>Registration</i>	<i>Revision</i>
<input type="checkbox"/> Add courses	<input type="checkbox"/> Course withdrawal	<input type="checkbox"/> Revision of study plan
<input type="checkbox"/> Drop courses	<input type="checkbox"/> Term withdrawal	<input type="checkbox"/> Revision of progressing courses
	<input type="checkbox"/> Re-admission	<input type="checkbox"/> Revision and assessment of attendance
	<input type="checkbox"/> Discontinuity	

Academic Advisor Recommendation:

Name of Academic Advisor :

Name of Student:

Signature:

Signature:

Date:

Date:

Student Academic Advising Sheet

Student Name: _____

Student ID: _____

Students should always refer to their academic advisors before they register for their second semester to avoid any possible delays in their academic progression. The required minimum load for all students is 9 credits per semester.

The below list represents the student's required courses for the next semester according to his/her academic advisor.

Course	Credit Hours
1.	
2.	
3.	
4.	
5.	
6.	

Name of Academic Advisor :

Name of Student:

Signature:

Signature:

Date:

Date: