**School:**

**Department**:

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**STUDENT MEETING FORM WITH THE ACADEMIC ADVISOR**

The academic advisor ………………………………………………… of the Department …………………………………, after discussing with the student ………………………………………………………………………… Register No. ……………………… and semester of study ………………………………………………………….) and after thorough discussion, dialogue, reached the following conclusions regarding the student in question:

1.…………………………………………………………………………………………………………………………………………………………2.…………………………………………………………………………………………………………………………………………………………3.…………………………………………………………………………………………………………………………………………………………4.…………………………………………………………………………………………………………………………………………………………5.…………………………………………………………………………………………………………………………………………………………6.…………………………………………………………………………………………………………………………………………………………7.…………………………………………………………………………………………………………………………………………………………8.…………………………………………………………………………………………………………………………………………………………9.…………………………………………………………………………………………………………………………………………………………10.……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

 The Academic Advisor

 Full Name (Signature)