Form 3

**Advisor-Student Counseling Meeting**

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| --- | --- | --- | --- |
| Student Name |  | ID Number |  |
| Semester |  | Day & Date |  / /143 H |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Cumulative GPA |  | Last GPA |  | No. of Warning Notices |  |
| Total Studied Hours |  | Passed Hours |  | Registered Hours |  |
| Program Hours |  | Remaining Hours |  |  |

**Aim of the Meeting:**

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**Summary of Meeting:**

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| Name of Student: …………………………………….………Signature: ………………………………………………………… | Name of Academic Advisor: ……………………………Signature: ………………………………………………………. |