Form 2

**Invitation for a Student to Attend a Counseling Meeting**

**For the ……………….. Semester / 143…… - 143……. H**

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

You are invited to attend a meeting with the academic advisor (………………………………………) in his office at ………………. On …………………… / / 143 H.

**Aim of the Meeting:**

|  |  |  |  |
| --- | --- | --- | --- |
| Review of Academic Achievement | Registration | Absence | Others |
|  |  |  |  |

**More Details about the Meeting:**

|  |
| --- |
| ……………………………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………… |

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

Student is invited via:

* E-mail.
* Text message.
* Telephone call.
* Others-specify: ……………………………………