

Academic Advising Statistics Form

Academic Advising Unit
FORM NO -AA-10

Academic Advisor

Academic Advisor Name:	
Employee No.:	
Associated Department:	
Section:	<input type="checkbox"/> Male <input type="checkbox"/> Female

General Statistics

Advisee Information:

Department/Track	No. of Students
Computer Science Department (Total Count)	
Software Engineering	
Computer Security	
Information Technology Department (Total Count)	
Digital Forensics	
Networks & Systems Administration	
Web & Multimedia Applications	

Activity Statistics

Activity Information:

Activity	Count
No. of meeting requests initiated*:	
No. of meeting sessions conducted:	
No. of students with difficulty:	
No. of cases resolved:	
No. of students exceeded absence rate**:	

* by the advisor

** in one or more courses

Advisor Signature

Name and Signature

Date