Kingdom of Saudi Arabia
Ministry of Higher Education
Majma'ah University
College of Applied Medical Sciences
Vice-Deanship for Academic Affairs
Guidance and Academic Counseling Unit



المملكة العربية السعودية وزارة التعليم العالي جامعة المجمعة كلية العلوم الطبية التطبيقية وكالة الكلية للشؤون التعليمية وحدة التوجيه والارشاد الأكاديمي

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## **Advisor-Student Counseling Meeting**

| Student Name                   |            |     |       |               |                           | ID Number                               |       |                        |          |      |  |
|--------------------------------|------------|-----|-------|---------------|---------------------------|---|-------|------------------------|----------|------|--|
| Semester                       |            |     |       |               |                           | Day & Date                              |       |                        | / /143 H |      |  |
|                                |            |     |       |               |                           |   |       |                        |          |      |  |
| Cumulative GPA                 | A Last     |     | Last  | st GPA        |                           |   |       | No. of Warning Notices |          |      |  |
| Total Studied Ho               | Hours Pass |     |       | sed Hours     |                           |   |       | Registered Hours       |          |      |  |
| Program Hours                  | Rem        |     |       | naining Hours |                           |   |       |                        |          | '    |  |
| Aim of the Meeting:            |            |     |       |               |                           |   |       |                        |          |      |  |
| Review of Academic Achievement |            |     | Re    | egistra       | tion                      |   | А     | Absence (              |          | hers |  |
|                                |            | Add | Drop  | )             | Othe                      | ers                                     |       |                        |          |      |  |
| Summary of Meeting:            |            |     |       |               |                           |   |       |                        |          |      |  |
|                                |            |     |       |               |                           |   |       |                        |          |      |  |
|                                |            |     |       |               |                           |   |       |                        |          |      |  |
|                                | •••••      |     |       |               |                           |   | ••••• |                        |          |      |  |
|                                |            |     |       |               |                           | • • • • • •                             | ••••• |                        |          |      |  |
|                                |            |     |       |               |                           |   |       |                        |          |      |  |
|                                |            |     |       |               |                           |   |       |                        |          |      |  |
|                                |            |     | ••••• | •••••         |                           | • |       |                        |          |      |  |
|                                |            |     |       |               |                           |   |       |                        |          |      |  |
|                                |            |     |       |               |                           |   |       |                        |          |      |  |
|                                |            |     |       |               |                           |   |       |                        |          |      |  |
|                                |            |     |       |               |                           |   |       |                        |          |      |  |
| _                              |            |     |       |               |                           |   |       |                        |          |      |  |
| Name of Student:               |            |     |       | Nar           | Name of Academic Advisor: |   |       |                        |          |      |  |
| Signature:                     |            |     |       | Sigr          | Signature:                |   |       |                        |          |      |  |