|  |  |
| --- | --- |
|  | **King Abdullah II School for Information Technology**Academic Advising Form\* |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Date |  | Semester |
|  | Student Name |
|  | Student Number |  | Year of Study |
|  | Student’s Department and School |
|  | Faculty Member Name |
|  | Faculty Member Department |
| Faculty Member Notes to Student |
| Faculty Member Signature:......................................................Student Signature:...................................................... |

\*Faculty Members keep a copy of this form for each student that consults them