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

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|  | 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