



جامعة الأمير سطام بن عبد العزيز  
Prince Sattam Bin Abdulaziz University

College of Medicine



Academic Advising Unit

## Academic Advising Initial Visit

Date		Time	
Student's Name:		Phone NO	
Student I.D NO		E-mail	
Year		Current GPA	

### Student issue

#### ☐ Educational issue:-

- |   |  |
|---|--|
| <input type="checkbox"/> Lack of study skills\Time management |  |
| <input type="checkbox"/> Dropping of a course                 | <input type="checkbox"/> delayed achievement           |
| <input type="checkbox"/> Assessment related issue             | <input type="checkbox"/> Lack of motivation & interest |

#### ☐ Attendance issue

#### ☐ Emotional health issue

#### ☐ Social issue

#### ☐ Other issues

### Brief description of the issue:-

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### Advisor Recommendation OR comments:

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### Decision:

- ☐ Final Action was taken      ☐ follow-up (schedule date-----)      ☐ Referred to-----

Student's Signature

Academic Adviser's Name

Academic Adviser's Signature



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## Academic Advising Follow-Up Form

Date		Time	
Student's Name:		Phone NO	
Student I.D NO		E-mail	
Year		Current GPA	

### Debriefing information from previous and current visits

Previous issues YES ☐ NO ☐

If yes, Resolved ☐ Still existing ☐

New issues YES ☐ NO ☐

### Statement of the new or existing issues:

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### Advisor Recommendation OR comments:

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### Decision:

☐ Final Action was taken ☐ follow-up (schedule date-----) ☐ Referred to-----

Student's Signature

Academic Adviser's Name

Academic Adviser's Signature