



Academic Advising Forms

1. Course registration request form
2. An academic and student advising form
3. Individual indicative case form
4. Group case guidance form
5. Evaluation form for students who have failed academically
6. Add/Delete Courses Form
7. Request for re-enrollment for a student who has dropped out



Form (1)

Course Registration Form

:Faculty	:University
	: Department

Student name:.....

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Student number

level: academic year:

Semester:

Please Register the following courses:

Department	Clinical		day	Lectures Time		day	Exam date	Curriculum name	code
	Hour			hour					
	From	to		From	to				

Academic advisor name:

Date: / /

Signature:

student signature



Form (2)

Academic advisor meeting Form for students

Students personal information	
University ID:	Name:
Semester:	Department:
Achieved hours:	Academic year:
Remaining hours:	Registered hours:
GPA ()	Warning letters:
Others:	Previous deprivement:
Objective of academic advisors meeting:	
Course Registration ()	
Deleting or adding courses ()	
Escuse from a course ()	
() Apologies for a semester.	
() improvement of a course.	
() Re-enrollment.	
() Postponement and dropping out of studies.	
() Review the study plan.	
() Review the progress of the courses.	
() Reviewing and evaluating attendance and attendance.	
Some problems hindering his academic progress:	
() A study problem.	
() social problem .	
()Psychological problem .	
() A family problem.	
() Other problems.	
Academic and student advisor's recommendation:	
SignatureDate.....	The name of the advisor.....



Form (3)

Individual indicative case form

A copy of these forms shall be handed over to the supervisor of the Academic and Student Guidance Unit at the faculty before the examinations of each semester are held ()

Academic advisor's name:..... Department.....

Academic year Semester Number of counseling group students()

. academic ID:	Student's name:
Semester average ()	Student's major:
Cumulative average ()	Academic level:
Topic of the orientation meeting:	
The results of the orientation meeting:	
Signature of the student.	



From(4)

Group case guidance form

Group counseling meetings that were carried out during the semester.....:

For the academic year 20/20 AD

A copy of these forms shall be handed over to the supervisor of the Academic and Student Guidance Unit at the faculty before the examinations of each semester are held()

Academic advisor's name: Faculty
Department.....

Academic year semester Number of guidance group students()

Number of group counseling meetings carried out during the semester :
.....

group counseling results	group counseling topic	Student's name	Student's academic number	no
				1
				2
				3
				4
				5
				5
				6
				7
				8
				9
				10



Form(5)

(Form for evaluating students with academic failure)

Cumulative average	Semester average...	Faculty- Speciality	Academic level	Student's name	academic number
.....	Reasons for academic failure
.....	
.....	
.....	
.....	
.....	
.....	
.....	
.....	Procedures for eliminating the causes of academic failure
.....	
.....	
.....	
.....	
.....	
.....	
.....	
.....	
Follow-up of the student in the next semester: 201 AD Semester average () cumulative average()					



Form(6)

Add/Delete Courses Form

Student's name :.....

Level: Semester: Academic year: 201 / 201 AD

Major: Minor..... :

Please add/delete the following courses

statement	Statement	Statement
		courses to be added
		courses to be deleted

()The request has been implemented () The request could not be implemented and is referred to the Academic Guidance Committee

In the event that the request is not implemented, the reason is stated:

.....

.....



Academic advisor: Signature: Department:

.....

Date: // 201 AD

Member of the Academic Supervision Committee: Signature:

..... Date: // 201 AD



Form(7)

Request for re-enrollment for a student who has dropped out

The regulation states that for re-enrollment, the following is required:

- The student should not be academically dismissed (with an average of less than one) in the last three semesters.
- The student must apply for re-enrollment within four semesters from the date of closure of enrollment.
- The approval of the concerned faculty council and the relevant authorities.
- It is not permissible to re-enroll more than once.

Faculty Dean

After Greetings

Student name, Number :

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Faculty: Department:..... :

I hope that you will bring me back to study in class 201 AD

For the following reasons..... :

Student's name: Signature: Date: / / 201 AD

Date of enrollment: / / 201 AD Semester: Year: Number of classes he studied: Credit hours:..... :

Is the student warned? ☐ Yes ☐ No The conditions for re-enrollment are fulfilled? ☐ Yes ☐ No
Head of the Department..... :

After Greetings

I hope that you will study the situation of the student and present the topic to the concerned councils and benefit from it.

You have my appreciation

Academic Advising Coordinator

Prof. Dr.

Dean of the Faculty

Dean of the Faculty

After Greetings

The Faculty Council decided..... :

And after the approval of the Rector of the University by Resolution

No.....:

On Re-enrollment Student No:.

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Dean of the faculty