



Academic Advisory Form – Faculty of Nursing

Student Information

Full Name:

Student ID:

Major:

Year of Study:

Email:

Phone Number:

Academic Advisor's Name:

Session Objectives

- Review the student's academic progress.
- Discuss academic or clinical challenges.
- Plan the academic pathway for the upcoming semester.
- Identify clinical or training needs.

Proposed Courses for the Upcoming Semester

Course Code	Course Title	Credit Hours	Notes

Advisor's Notes

- Student's performance in clinical courses.
- Strengths and areas for improvement.
- Recommendations for academic improvement.

Signatures

Student's Signature:

Advisor's Signature:

Date of Signature:



Issue Date: June 05, 2025