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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:...................................................... |