

 <p>كلية التطبيقات الصناعية College of App. Ind. Tech. (CAIT)</p>	<b>CAIT FORM</b>	
	<b>Student Counseling Meeting</b>  اجتماع إرشاد أكاديمي	<b>JU39-04-04-06/03</b>

Date: .....

### Student Counseling Meeting

<b>Student Name:</b>	.....	<b>Student ID:</b>	.....
<b>Email:</b>	.....	<b>Department</b>	.....

**Name of Academic Advisor**

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**Reason for Counseling**

- |  |   |
|--|---|
| <input type="checkbox"/> Routine planned session | <input type="checkbox"/> Requested by the student |
| <input type="checkbox"/> Requested by counselor  | <input type="checkbox"/> Other                    |

**Subjects Discussed:**

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**Subjects Discussed:**

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- Questionnaire handed to the student

**Student Signature**

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