



### Academic Advisement Record

Term: First ( ), Second ( ) 143\_\_/143\_\_ - 201\_\_/201\_\_

#### To be filled by the student:

Name: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Last</span> <span>First</span> <span>M.</span> </div>	Advisor Name : _____  Date : _____  Mobile No. : _____
University I. D. : _____  Email : _____	

#### For Academic Advisors use:

##### Pre-registration Proposed Courses:

S/N	Course No.	Course Name	Credit Hrs.	Section	
				Theory	Lab.
<b>Total Credit Hrs.</b>					

I certify that I have no prerequisite violation and agree to the above schedule and I give the consent to the department chairman to drop any course if it is violated the prerequisite.

Student's Signature.....

Advisor's Signature (Approval) .....

##### Post-registration (Add or Drop):

S/N	Course No.	Course Name	Credit Hrs	Add / Drop		Section		Advisor Approval
				Add	Drop	Theory	Lab.	

I certify that I have no prerequisite violation and agree to the above schedule and I give the consent to the department chairman to drop any course if it is violated the prerequisite.

Student's Signature.....