**ACADEMIC COUNSELLING SESSION REPORT**

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| Course Information | Program |  |
| Course title |  |
| Level |  |
| Student Details | Student/s Name |  |
| A.C. Number |  |
| Reporting Date |  |
| Reporting Time |  |
| Referral Type | Direct Student Guide Low Achiever Follow Up | |
| Attending Staff |  | |
| Student Issue (Brief Description) |  | |
| Resolution Method | Conducted Discussion Session in office  Rescheduled the lecture/laboratory Session  Other Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Result | Student is Clear about the Issue  Follow up (Scheduled Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  Referred (To, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | |
| Students Comments  &  Signature |  | |
| Staff Remarks  &  Signature |  | |