**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  |  |