**Academic Support Form**

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| **STUDENT PARTICULARS** |
| Full Name (Please underline surname) | Student Number / NRIC |
| Name of Institution:  | Programme & Year (e.g. MBA 2017):  |
| Nature of Support: Academic Counselling Academic Consultation / Advising   |

**STUDENT SECTION**

1. Background: Please list / describe the questions you hoped to clarify through this session

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## Is there anything else that you think is important which we should know?

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| **CONFIDENTIALITY STATEMENT** |
| All information provided herewith will be handled in accordance to Aventis School of Management Privacy Policy. The information may be provided to other areas of Aventis School and to third parties for administrative and legislative purposes (under the Private Education Act 2009 and the Private Education Regulation 2009).  |
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☐ I have read and consented to the above Confidentiality Statement(s)

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FACULTY SECTION**

1. Faculty Feedback and Action taken

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## Is there Any Follow up or Action steps required? No / Yes (Please describe)

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Faculty Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR OFFICIAL USE**

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Acknowledged by: \_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_