Please read the following instructions and notes carefully before submitting the Academic Support Form.

1. Please submit the completed form to the School at 100 Orchard Road #04-100 Concorde Hotel Singapore 238840 or via email at feedback@aventisglobal.edu.sg

**Academic Support Form**

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| **STUDENT PARTICULARS** |
| Full Name (Please underline surname) | Student Number / NRIC |
| Awarding Institution:  | Programme & Year (e.g. MBA 2023):  |
| 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 Graduate School Privacy Policy. The information may be provided to other areas of Aventis Graduate School and to third parties for administrative and legislative purposes (under the Private Education Act 2009 and the Private Education Regulation 2009).  |
|  |

[ ]  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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_