



FORM-2 (COURSES CHOICE AND MONITORING)

Student fills this section (Information about running semester)

Name: _____ Student ID: |_|_|_|_|_|_|_|_|_|
 Semester: Fall Spring Summer _____ Subjects: Drop _____ IC _____ IP _____
 Schedule: _____, _____, _____, _____, _____, _____, credit hours _____

Advisor fills this section with the student in the last 2 weeks of semester (Information about courses choices)

Advised credit hours for coming semester : Fall Spring Summer _____ (credit hours) _____ Level _____

Track choice (select one):

Advised courses for coming semester:

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Prerequisite <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Prerequisite <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Prerequisite <input type="checkbox"/>

Core Courses codes		Elective Courses codes	Free Courses codes
1.	4.	1.	1.
2.	5.	2.	2.
3.	6.	3.	3.

Advisor Name and Signature

Advisee Signature

This section is filled by the advisor at the second week of the new semester. He/She indicates the appropriate actions taken after the student finished his/her registration according to the above agreed upon courses:

GPA Changed? No Yes, increased Yes, decreased

If Yes, why? : _____

<input type="checkbox"/>	Student is advised and agreed
<input type="checkbox"/>	Student is advised but disagreed. What happened?
<input type="checkbox"/>	Student is alarmed on his performance to improve it?
<input type="checkbox"/>	Student is advised to see a professional/specialist
<input type="checkbox"/>	Student is nominated for a prize
<input type="checkbox"/>	Student Pre-requisite violation
<input type="checkbox"/>	Other advising?

