

## FASS ACADEMIC ADVISOR REPORT (AAR)

Name & Registration No. of Case:

Programme of Study:

\* Year/Level of Study:

☐ 1☐ 2☐ 3☐ 4

Name of Academic Advisor:

Date of Consultation:

Nature of Case (e.g. no submission of assignments, checking of modules, not attending lectures/tutorials, etc.):

Notes on Consultation (Please attach a separate sheet of paper if necessary):

\* Case is: ☐ resolved ☐ unresolved

\* Referral (Complete this section only if the case warrants further attention):

☐ UBD Counselor

☐ PL

☐ Others (please specify):

\* *Tick the appropriate option*

\_\_\_\_\_  
Signature of Academic Advisor

\_\_\_\_\_  
Signature of Student