

ACADEMIC ADVISORY FORM
SCHOOL OF HOUSING, BUILDING AND PLANNING

STUDENT INFORMATION			
STUDENT NAME:			
MATRIX NO. :			
YEAR OF STUDY:			
PROGRAM :			
CONTACT NO.:			
EMAIL ADDRESS:			
ACADEMIC ADVISOR NAME :			
STUDY INFORMATION			
NO.	DETAIL	TOTAL UNIT FOR GRADUATION	TOTAL UNIT CUMULATIVE
1	Core courses (T)		
2	Elective Courses (E)		
3	University Courses (U)		
	U1		
	U2		
	U3		
	U4		
	Option		
4	Courses exempted (Approved)		
*Note: Please show the study information from Campus Online during the discussion with Academic Advisor.			
COURSES REGISTRATION PROPOSAL (ACADEMIC SESSION _____ SEMESTER ____)			
NO.	LIST OF COURSE	TYPE OF COURSE	UNIT
*Note: Please bring together programme booklet during the discussion with Academic Advisor.			

Student Signature

Date:

COMMENT/SUGGESTION FROM ACADEMIC ADVISOR

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Signature and Official Stamp
Academic Advisor

Date: