



# Shinawatra University School of Information Technology

## Academic Advising Meeting Form

Date \_\_\_\_\_ Time: \_\_\_\_\_

Name of student: \_\_\_\_\_ ID No: \_\_\_\_\_

Program: \_\_\_\_\_

Name of Advisor: \_\_\_\_\_

Semester/year:  1<sup>st</sup> semester  2<sup>nd</sup> semester  Summer semester Academic year \_\_\_\_\_

Admitted Semester/Year: \_\_\_\_/\_\_\_\_\_, Expected Graduate Semester/Year: \_\_\_\_/\_\_\_\_\_

Current GPAX: \_\_\_\_\_, Expected GPAX at the end of semester: \_\_\_\_\_,

### The registered courses for the current semester

No.	Course Code	Course Name	Credit	Expected Grade
1				
2				
3				
4				
5				
6				
7				
<b>Total Credits</b>				

Total Credits Passed: \_\_\_\_\_, Total Credits Left: \_\_\_\_\_,

Difficulties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Option Selection:** Selected  Will Select end of the semester  Future

**Option Name:** \_\_\_\_\_

**English Requirement:** Passed  Not Passed

**English Test Name:** \_\_\_\_\_ **Tentative Date:** \_\_\_\_\_

Student's Signature: \_\_\_\_\_

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

**For Advisor Only**

**Recommendations to Student:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Advisor's Signature: \_\_\_\_\_

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

**For School Officer**

**Name:** \_\_\_\_\_ / **Received date:** \_\_\_\_\_

**Instruction:**

1. Student must make the appointment for the meeting with your advisor in advance (at least one week before) by phone or email or in person.
2. Student must complete the advising meeting form (from the school's office) before the advising meeting.
3. Student needs to check your academic status from online registration system (reg.siu.ac.th) and the curriculum from SoIT's website (soit.siu.ac.th)
4. Student must arrive to the advisor's office before the appointment time.
5. After meeting, student needs to submit the form to school and get the copied of the form for your own record.