

 **Department of Biology**

 **College of Science**

**CONSULTATION FORM**

**Please check : [ ] BIOLRES [ ] THBIOL2 [ ] THBIOL3**

Student Name Adviser

Term and School year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| REMARKS BY THE ADVISER | SIGNATURE OF ADVISER/Date | Schedule of Next Appointment(Date, Time, Place) |
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**Note : In case the adviser misses the appointment, the student should ask the chairman or the coordinator to sign immediately on the date of appointment. Failure to ask for the signature will mean that the student/advisee is absent on that date.**