



ALBUKHARY INTERNATIONAL UNIVERSITY

ACADEMIC ADVISORY REFERRAL FORM

Advisee's Detail *(To be filled up by the Deans / HOP / Advisor)*

Name: _____

Programme: _____ Student ID: _____

Tel: _____ Email: _____

Nature of Complaint: _____

Request for Counselling: Yes/No

Name of Advisor: _____

Designation: _____ Phone: _____

Signature: _____ Date: _____

To be used by Student Affairs Department.

Requisition No:

Receive by: _____

Receive on: _____

Appointment for Counselling: Date _____ Time: _____