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| --- | --- | --- | --- |
|  | Date |  | Semester |
|  | | | Student Name |
|  | | | Student Number |
|  | | | Student Question |
| Faculty Member Notes to Student | | | |
| Faculty Member Signature:......................................................  Student Signature:...................................................... | | | |

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|  | **School of Engineering**  **Mechatronics Engineering Department**  Academic Advising Form |  |