

**DEPARTMENT OF MATHEMATICS**  
**Advisory Scheme Consultation Form**

Name of student: \_\_\_\_\_ Student ID: \_\_\_\_\_

Study track/ year: \_\_\_\_\_ Contact no.: \_\_\_\_\_ Email: \_\_\_\_\_

Name of advisor: \_\_\_\_\_

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**Consultation Date:** \_\_\_\_\_

**Issues discussed:**

**Comments from advisor:**

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Advisor's signature

**Thank you for filling out this form. Please return the form to Cindy for record purpose.**